Voluntary Petition for Individuals Filing for Bankruptcy	12/
Official Form 101	
Chapter to	if this is an led filing
Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc No. 1 Fill in this information to identify your case: United States Bankruptcy Court for the:	1ain

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

D	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		en (j. 1885). 1905: Paris de Brander de Brander 1905: Paris de Brander
;	Write the name that is on your government-issued picture	Tyra	
1	identification (for example,	First name	First name
	your driver's license or	Alana	1
1	passport).	Middle name	Middle name
:	Bring your picture	Jackson Last name	
:	identification to your meeting with the trustee.	Last name	Last name
	with the desce.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
Paris No.	idel i delikil lipunikasi keladi pasaini barrai kasilikasiar e-kasile-kasimpa ki-kesterreta eta kan seca		
2.	All other names you have used in the last 8	none	
	years	First name	First name
:	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
:		Middle name	Middle name
		Last name	Last name
1 230,000000	1875-bet 1884 kwa 1888 iliana kwa maka kwa 25 mata maka maka kwa kwa 1885 beta 1885 kwa maka maka maka maka ma	MARTINES IN THE CONTRIBUTION OF THE CONTRIBUTI	
3.	Only the last 4 digits of	xxx - xx - 8 7 6 1	W.W. W.
:	your Social Security		xxx - xx -
:	number or federal Individual Taxpayer	OR	OR
	Identification number (ITIN)	9 xx - xx	9 xx - xx
NISHW	SPERIOR PARAMETER PROGRESS CONTRACTOR CONTRA		

Case 16-11189

Doc 1 Filed 03/31/16

Entered 03/31/16 16:11:15 Desc Main

Debtor 1

Tyra

Document Jackson

Page 2 of 75

Case number (if known)_

ween.	General section (Action in Contract to the Con		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in	☑ I have not used any business names or EINs.	☐ I have not used any business names or EINs.
	the last 8 years	Business name	Business name
	Include trade names and doing business as names		<u></u>
	and the state of t	Business name	Business name
		EIN	
		Esiv	EIN
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		14114 South School Street	
		Number Street	Number Street
		Riverdale IL 60827 City State ZIP Code	City State ZIP Code
		Cook	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		none	<u> </u>
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZiP Code	City State ZIP Code
6.	Why you are choosing	стем по постоя в пода при	Check one;
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)
ileáct) e	\$		

Case 16-11189

Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Page 3 of 75

Debtor 1

Τy	/ra		Α.	
Cirne	Alama	+		

Document <u>Jackson</u>

Case number (if known)

1-		м.
عا	ш	 46

Tell the Court About Your Bankruptcy Case

•								
7. The chapter of the Bankruptcy Code you are choosing to file	Check for Ba	k one. (Fo	or a brief de: (Form 2010	scription of eacl)). Also, go to t	h, see <i>N</i> he top of	otice Required by f page 1 and checi	11 U.S.C. § 342(b) for Individuals Filink	g
under	∠ Cł	for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7						
	🚨 Cr	napter 1	1					
	🔾 Cr	napter 12	2					
the designation of a group the selection of the contract of th	☐ cr	apter 13	3					
8. How you will pay the fee	loc you sub	urself, yo omitting	ou may pay	with cash, can our be	ow you ashier's	check or mono	check with the clerk's office in your ally, if you are paying the fee by order. If your attorney is by pay with a credit card or check	Principal Security Sec
	🗖 i ne Apj	ed to p plication	ay the fee for Individ	i <mark>n installme</mark> i uals to Pay Tl	nts . If y he Filing	ou choose this o g Fee in Installm	option, sign and attach the ents (Official Form 103A).	
	less pay	than 15 the fee	50% of the in installment	official povertents). If you cl	ty line th	nat applies to your fee, his option, your	otion only if you are filing for Chapt and may do so only if your income ur family size and you are unable must fill out the <i>Application to Have</i> t with your petition.	is
. Have you filed for bankruptcy within the								
bankruptcy within the	☐ No		N 1 41					
Have you filed for bankruptcy within the last 8 years?		District	Northern	District of III	ir _{When}	03/18/2015	Case number 15-09674	
bankruptcy within the						MM / DD / YYYY		
bankruptcy within the		District			ir When When	MM / DD / YYYY	Case number	
bankruptcy within the		District				MM / DD / YYYY		
bankruptcy within the last 8 years? Are any bankruptcy		District			When	MM / DD / YYYY	Case number	
hankruptcy within the last 8 years? Are any bankruptcy cases pending or being filed by a spouse who is	☑ Yes.	District District			When When	MM / DD / YYYY MM / DD / YYYY	Case number Case number	
Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with	Yes.	District District			When	MM / DD / YYYY	Case number Case number	
hankruptcy within the last 8 years? Are any bankruptcy cases pending or being filed by a spouse who is	Yes.	District District			When When	MM / DD / YYYY MM / DD / YYYY	Case number Case number	
Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	Yes. No Yes.	District District Debtor District			When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Relationship to you Case number, if known	
Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	☑ Yes. ☑ No ☐ Yes.	District Debtor District			When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Relationship to you Case number, if known	
Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	☑ Yes. ☑ No ☐ Yes.	District Debtor District			When When When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Relationship to you Case number, if known	
hankruptcy within the last 8 years? Are any bankruptcy cases pending or being filed by a spouse who is not filling this case with you, or by a business partner, or by an affiliate? Do you rent your	✓ Yes. ✓ No ☐ Yes. ✓ No. ✓ Yes.	District Debtor _ District _ Debtor _ District _ Co to line	e 12.		_ When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Relationship to you Case number, if known	
hankruptcy within the last 8 years? Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	✓ Yes. ✓ No ✓ Yes. ✓ Yes.	District Debtor District Debtor District Go to line Has your residence	e 12.	tained an eviction	_ When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Relationship to you Case number, if known Relationship to you Case number, if known	

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Page 4 of 75 Document Tyra Debtor 1 Jackson Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. Go to Part 4. of any full- or part-time business? Yes. Name and location of business A sole proprietorship is a business you operate as an individual, and is not a Name of business, if any separate legal entity such as a corporation, partnership, or Number LLC. Street If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. City State ZIP Code Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your Chapter 11 of the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if Bankruptcy Code and any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). are you a small business deptor? No. I am not filing under Chapter 11. For a definition of small business debtor, see ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in 11 U.S.C. § 101(51D), the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any 2 No property that poses or is alleged to pose a threat ☐ Yes. What is the hazard? of imminent and identifiable hazard to public health or safety? Or do you own any property that needs If immediate attention is needed, why is it needed? immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property? Number Street

City

ZIP Code

Case 16-11189

Doc 1 Filed 03/31/16 Document Entered 03/31/16 16:11:15 Desc Main Page 5 of 75

Debtor 1

Tyra

A.

Jackson

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

			eŁ		

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

Ш	I am not required	to receive a	briefina	about
	credit counseling	because of		4204

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am	not	required	to	receive	a	briefing about
cred	it co	punselina	h	ecalise o	ď	

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Document Page 6 of 75

Debtor 1

Tyra	A.
First Name	141-2-0

Jackson

Case number (if known)_

16. What kind of debts do you have?	16a. Are your debts pring as "incurred by an individual of the second of	marily consumer debts? Consumer vidual primarily for a personal, family, or l	debts are defined in 11 U.S.C. § 101(8) household purpose."
	16b. Are your debts prin	narily business debts? Business dear investment or through the operation of	bts are debts that you incurred to obtain the business or investment.
	16c. State the type of debts	you owe that are not consumer debts or I	pusiness debts.
17. Are you filing under Chapter 7?	□ No. I am not filing under	Chapter 7. Go to line 18	man eggendam gendam mengenda kenta kenta kantan da kantan bankan kenta kunan ketikan menenga sebasah da man sebasah se
Do you estimate that afte any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	r 🗹 Yes. I am filing under Cha administrative expen 🗹 No	pter 7. Do you estimate that after any ex ses are paid that funds will be available t	empt property is excluded and to distribute to unsecured creditors?
3. How many creditors do you estimate that you owe?	1-49 2 50-99 1 100-199 2 200-999	1,000-5,000 5,001-10,000 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000
How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
How much do you estimate your liabilities to be?	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
	If I have chosen to file under Ch.	od I declare under penalty of perjury that is apter 7, I am aware that I may proceed, if understand the relief available under each	
	If no attorney represents me and	apter 7, I am aware that I may proceed, if understand the relief available under each I did not pay or agree to pay someone with the notice required by 11 U.S.C.	or chapter, and i choose to proceed
 	request relief in accordance with understand making a false state with a bankruptcy case can result	the chapter of title 11, United States Coment, concealing property, or obtaining r	de, specified in this petition.
·	× 152, 1341, 1519, an	d 3571.	t for up to 20 years, or both.
	Signature of Debtor 1 Executed on 3 (3/-)	Signature of	
	MM / DD /YY	YY Executed o	n MM / DD /YYYY

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Document

Debtor 1

Tyra

Middle Name

Jackson

Page 7 of 75

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

	Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?
	□ No
	☑ Yes
	Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are naccurate or incomplete, you could be fined or imprisoned? No Yes
[Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?
Î	Yes. Name of PersonVeronica Eason
	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
E	By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I

have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

Signature of		Signature of De	ebtor 2
Date	3-31-14 MM/DD /YYYY	Date	MM / DD /YYYY
Contact phone		Contact phone	
Cell phone	1030 401 4656	Cell phone	
Email address	Typa Jackson @ gmail	Email address	•

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Document Page 8 of 75

Fill in this in	nformation t	o identify ye		Garrione	i age e
Debtor 1	Tyra	Α.	Jackson		
	First Name		Middle Name	Last Name	
Debtor 2					
(Spouse, if filing)	First Name		Middle Name	Last Name	
United States	Bankruptcy Co	urt for the: No	orthern District of Illino	ois	S
Case number					
	(If known)				

☐ Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your assets Value of what you own
I. Schedule A/B: Property (Official Form 106A/B)	and the responsibility of the region of the
1a. Copy line 55, Total real estate, from Schedule A/B	. \$
1b. Copy line 62, Total personal property, from Schedule A/B	\$1,800.00
1c. Copy line 63, Total of all property on Schedule A/B	
	\$1,800.00
art 2: Summarize Your Liabilities	
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$0.00
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	_{\$} 1,500.00
	\$
Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J	\$ 2,375.00

Case 16-11189 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main _{Jacksor}Pocument Page 9 of 75 Debtor 1 Case number (if known) Answer These Questions for Administrative and Statistical Records Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 1,500.00 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) 0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 0.00 9d. Student loans. (Copy line 6f.) 0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) 0.00

9g. Total. Add lines 9a through 9f.

0.00

Case 16-11189 Filed 03/31/16 Entered 03/31/16 16:11:15 Doc 1 Page 10 of 75 Fill in this information to identify your case and this filing: Tyra Debtor 1 Jackson First Nam Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Central District of Illinois Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: Duplex or multi-unit building Street address, if available, or other description Creditors Who Have Claims Secured by Property. Condominium or cooperative Current value of the Manufactured or mobile home Current value of the entire property? portion you own? ☐ Land 0.00 Investment property City ☐ Timeshare ZIP Code State Describe the nature of your ownership Other interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: Street address, if available, or other description Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? Land 0.00 0.00 Investment property City ☐ Timeshare Describe the nature of your ownership State ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Debtor 1 and Debtor 2 only ☐ Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: ___

1.3. S i	treet address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	the amoi	educt secured out of any secures Who Have Cla	red claims on	Schedule D
	or of other description	Condominium or cooperative Manufactured or mobile home	Current	t value of the property?	Current	
		Land	\$	0.00		0.0
		☐ Investment property			_ Ψ	
Ci	ty State ZIP Code	☐ Timeshare ☐ Other	interest	e the nature (such as fee reties, or a li	e simple, te	nancy by
		Who has an interest in the property? Check one		eties, or an	ne estate), i	и клоwn.
Co	ounty	Debtor 1 only	•			
	is in the second of the second	Debtor 2 only				
		Debtor 1 and Debtor 2 only	Chec	k if this is co	ommunity i	property
		$oldsymbol{\Box}$ At least one of the debtors and another	(see	instructions)		
		Other information you wish to add about this i property identification number:	item, such a			
Add the c	Iollar value of the portion you own for al	l of your entries from Part 1, including any entri	es for nance			
you have	attached for Part 1. Write that number f	nere.	es for pages	; → i	\$	0.00
you own, own that :	The state of the s	t in any vehicles, whether they are registered or , also report it on <i>Schedule G: Executory Contracts</i>			5	
you own, own that s Cars, vans	lease, or have legal or equitable interes	t in any vehicles, whether they are registered or , also report it on <i>Schedule G: Executory Contracts</i>			5	
you own, own that: Cars, vans No Yes	lease, or have legal or equitable interes someone else drives. If you lease a vehicle s, trucks, tractors, sport utility vehicles,	t in any vehicles, whether they are registered or , also report it on Schedule G: Executory Contracts motorcycles	not? Include and Unexpir	any vehicles ed Leases.		
you own, own that : Cars, vans Variation	lease, or have legal or equitable interes someone else drives. If you lease a vehicle s, trucks, tractors, sport utility vehicles, ee:	t in any vehicles, whether they are registered or , also report it on Schedule G: Executory Contracts motorcycles Who has an interest in the property? Check one.	not? Include and Unexpire Do not dedithe amount	e any vehicles ed Leases. uct secured clain of any secured	ims or exemp	chedius D
you own, own that s Cars, vans No Yes 3.1. Mak	lease, or have legal or equitable interes someone else drives. If you lease a vehicle s, trucks, tractors, sport utility vehicles, e:	t in any vehicles, whether they are registered or also report it on Schedule G: Executory Contracts motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	not? Include and Unexpir Do not ded the amount Creditors W	e any vehicles ed Leases. ct secured dai of any secured fho Have Claim.	ims or exemp I claims on So s Secured by	chedius D
you own, own that s Cars, vans No Yes 3.1. Mak Mod Yea	lease, or have legal or equitable interes someone else drives. If you lease a vehicle s, trucks, tractors, sport utility vehicles, e:	t in any vehicles, whether they are registered or also report it on Schedule G: Executory Contracts motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	not? Include and Unexpire Do not ded, the amount Creditors W Current va	e any vehicles ed Leases. cot secured dai of any secured fino Have Claim. alue of the	ims or exemp I claims on So is Secured by Current va	chedule D: Property.
you own, own that s Cars, vans No Yes 3.1. Mak Mod Yeal Appl	lease, or have legal or equitable interes someone else drives. If you lease a vehicle s, trucks, tractors, sport utility vehicles, e:	t in any vehicles, whether they are registered or also report it on Schedule G: Executory Contracts motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	not? Include and Unexpir Do not ded the amount Creditors W	e any vehicles ed Leases. cot secured dai of any secured fino Have Claim. alue of the	ims or exemp I claims on Sc is Secured by	chedule D: Property.
you own, own that s Cars, vans No Yes 3.1. Mak Mod Year Appr	lease, or have legal or equitable interes someone else drives. If you lease a vehicle s, trucks, tractors, sport utility vehicles, se:	t in any vehicles, whether they are registered or also report it on Schedule G: Executory Contracts motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	not? Include and Unexpire Do not ded, the amount Creditors W Current va	e any vehicles ed Leases. act secured dail of any secured the Have Claim. alue of the perty?	ims or exemp I claims on So is Secured by Current va	chedule D: Property.
you own, own that : Cars, vans No Yes 3.1. Mak Mod Year Appr	lease, or have legal or equitable interes someone else drives. If you lease a vehicle s, trucks, tractors, sport utility vehicles, see:	t in any vehicles, whether they are registered or a laso report it on Schedule G: Executory Contracts motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	not? Include and Unexpire Do not ded, the amount Creditors W Current va	e any vehicles ed Leases. act secured dail of any secured the Have Claim. alue of the perty?	ims or exemp I claims on So is Secured by Current va portion yo	chedule D: 'Property. alue of the ou own?
you own, a own that seed of the seed of th	lease, or have legal or equitable interes someone else drives. If you lease a vehicle s, trucks, tractors, sport utility vehicles, se: lei: roximate mileage: er information:	t in any vehicles, whether they are registered or also report it on Schedule G: Executory Contracts motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	not? Include and Unexpired to a mount Creditors W Current valentire pro	e any vehicles ed Leases. act secured clair of any secured the Have Claim alue of the perty? 0.00	ims or exemp i claims on Sc is Secured by Current va portion yo	shedule D. Property. Alue of the pu own? 0.00
you own, yown that so own that	lease, or have legal or equitable interes someone else drives. If you lease a vehicle s, trucks, tractors, sport utility vehicles, e: lef: recoximate mileage: er information:	t in any vehicles, whether they are registered or a laso report it on Schedule G: Executory Contracts motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduthe amount of the a	e any vehicles ed Leases. uct secured claim alue of the perty? 0.00	ims or exemple claims on Science by Current value portion your specific process or exemptical claims on Science process on Scie	ons, Put
you own, own that so Cars, vans No Yes 3.1. Mak Mod Yean Appr Othe	lease, or have legal or equitable interes someone else drives. If you lease a vehicle s, trucks, tractors, sport utility vehicles, e: lei: roximate mileage: er information:	t in any vehicles, whether they are registered or also report it on Schedule G: Executory Contracts motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduthe amount of the a	e any vehicles ed Leases. act secured clair of any secured the Have Claim alue of the perty? 0.00	ims or exemple claims on Science by Current value portion your specific process or exemptical claims on Science process on Scie	ons, Put
you own, own that s Cars, vans No Yes 3.1. Mak Mod Year Appr Other f you own c 3.2. Make Mode Year:	lease, or have legal or equitable interes someone else drives. If you lease a vehicle s, trucks, tractors, sport utility vehicles, se: lef: roximate mileage: er information:	t in any vehicles, whether they are registered or also report it on Schedule G: Executory Contracts motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deducte amount of Creditors With Current value amo	e any vehicles ed Leases. Lect secured claim alue of the perty? 0.00 Ct secured claim of any secured claim of the condition of the conditio	ims or exemple claims on Science by Current value portion yours or exemple claims on Science by a Current value current value course by a Current value is Secured by a Current value is S	ons, Put Dedule D. Property.
you own, own that s Cars, vans No Yes 3.1. Mak Mod Year Appro you own o 3.2. Make Mode Year: Appro	lease, or have legal or equitable interes someone else drives. If you lease a vehicle s, trucks, tractors, sport utility vehicles, se: lei: roximate mileage: or have more than one, describe here:	t in any vehicles, whether they are registered or also report it on Schedule G: Executory Contracts motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not dedute amount of creditors Wr.	e any vehicles ed Leases. Lect secured claim alue of the perty? 0.00 Ct secured claim of any secured claim of the condition of the conditio	ims or exemple claims on Science by Current value portion your sports or exemple claims on Science by its secured by its secur	ons, Put Dedule D. Property.
you own, yown that s Cars, vans No Yes 3.1. Mak Mod Year Appro	lease, or have legal or equitable interes someone else drives. If you lease a vehicle s, trucks, tractors, sport utility vehicles, see: lef: recoximate mileage: prinformation: or have more than one, describe here: set: lef: coximate mileage: left:	t in any vehicles, whether they are registered or also report it on Schedule G: Executory Contracts motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deducte amount of Creditors With Current value amo	e any vehicles ed Leases. Lect secured claim alue of the perty? 0.00 Ct secured claim of any secured claim of the condition of the conditio	ims or exemple claims on Science by Current value portion yours or exemple claims on Science by a Current value current value course by a Current value is Secured by a Current value is S	ons, Put Dedule D. Property.

the manufacture of the second		ksolled 03/31/16 Entered 03/31/16 Page 12 of 75° number	(if known)		Main	•
n n Afmira.		Mark to the second seco	er e	anne kanadaka, masayaa, sa		
3.3. Make:			DO HOLU	educt secured o	daims or ex	xemptions. Put
Model:		Debtor 1 only Debtor 2 only	Creditors	int of any secui Who Have Cla	red claims d aims Secure	on Schedule D ed by Property.
Year:	and the same of th	Debtor 1 and Debtor 2 only	Current	value of the	Curre	nt value of t
Approximate milea	ige:	At least one of the debtors and another	entire p	roperty?		n you own?
Other information:	a consent of state 1 to consent trade, specimen account state (100 consents of the 100		•	0.00		0.0
Avo mallim votovice	And distance of the state of th	☐ Check if this is community property (see instructions)	3	0.00	\$	0.0
4 Make:	}	Who has an interest in the property? Check one	68.655.655.65	Velouvooreenee	Say Saystan Rep	NEW CASE CORE
Model:	The state of the s	Debtor 1 only	20 1101 46	duct secured c	laims or ex	emptions. Put
Year:		Debtor 2 only	Creditors	Who Have Cla	ims Secure	nd by Property.
		Debtor 1 and Debtor 2 only	Current	value of the	Curren	it value of th
Approximate mileag	je:	At least one of the debtors and another	entire pr	operty?		you own?
Other information:	recognition of the contract of		•	0.00		^ ^
Al Lawrence		Check if this is community property (see instructions)	\$	0.00	\$	0.0
No						
		Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	the amount Creditors W	uct secured cla of any secured the Have Clain alue of the operty?	d claims on ns Secured Current	Schedule D. by Property. value of the you own?
. Make: Model: Year: Other information:		 □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another 	the amount Creditors M Current v	of any secured the Have Clain alue of the perty?	d claims on ns Secured Current	Schedule D: by Property.
Make: Model: Year: Other information:		□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)	the amount Creditors W	of any secured the Have Claim alue of the perty?	delaims on as Secured Current portion	Schedule D. by Property. value of the you own? 0.00
Make: Model: Year: Other information: ou own or have more that Make:	an one, list here:	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see	Current ventire pro	of any secured claim alue of the operty? 0.00	Current portion \$ ms or exen daims on	Schedule D. by Property. value of the you own? 0.00
Make: Model: Year: Other information: Ou own or have more that Make:		 □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only 	Current ventire pro	of any secured the Have Claim alue of the perty?	Current portion \$ ms or exen daims on	Schedule D. by Property. value of the you own? 0.00
. Make:	an one, list here:	 □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only 	Current v. entire pro \$ Do not deduthe amount creditors Wi	of any secured ho Have Claim alue of the perty? 0.00 cot secured claim of any secured ho Have Claim.	Current portion \$ ms or exem claims on a secured I Current v	Schedule D. by Property. value of the you own? 0.00 nptions. Put Schedule D: by Property. value of the
Make: Model: Year: Other information: Ou own or have more that Make: Model:	an one, list here:	 □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only 	Current v. entire pro S Do not deduthe amount a Creditors W.	of any secured ho Have Claim alue of the perty? 0.00 cot secured claim of any secured ho Have Claim.	Current portion \$ ms or exem claims on a secured I Current v	Schedule D. by Property. value of the you own? 0.00
Make: Model: Year: Other information: Ou own or have more that Make: Model: Year:	an one, list here:	 □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another 	Current v. entire pro \$ Do not deduthe amount creditors Wi	of any secured ho Have Claim alue of the perty? 0.00 cot secured claim of any secured ho Have Claim.	Current portion \$ ms or exem claims on a secured I Current v	Schedule D: by Property. value of the you own? 0.00 nptions. Put Schedule D: by Property. value of the
Modeł: Year: Other information: Ou own or have more that Make: Modeł: Year:	an one, list here:	 □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only 	Current v. entire pro \$ Do not deduthe amount creditors Wi	of any secured claim of any secured claim of any secured claim of any secured ho Have Claim.	Current portion \$ ms or exem claims on a secured I Current v	value of the solution of the s

5.

Debtor 1

Describe Your Personal and Household Items

	y legal or equitable interest in any of the following items?	portion : Do not de	value of the you own?
6. Household goods a		or exempt	lons.
Examples: Major app	iances, furniture, linens, china, kitchenware		
☐ No	Household Com.		
Yes. Describe	I lousehold ruffliture	\$	300.00
7. Electronics			
Examples: Television collections	s and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music ; electronic devices including cell phones, cameras, media players, games		
□ No			
Yes. Describe	TV's	n A Samuella, Maligne de S	
3. Collectibles of value		\$	200.00
Examples: Antiques a stamp, coir	nd figurines; paintings, prints, or other artwork; books, pictures, or other art objects; , or baseball card collections; other collections, memorabilia, collectibles		
No Yes. Describe	The state of the s	and neutronoungers and y	
	Sering and American containing and	\$	0.00
. Equipment for sports	and hobbies		
Examples: Sports, pho and kayaks No	tographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments		
Yes. Describe		11.00 Territoria (10.00 g	
		\$	0.00
D. FirearmsExamples: Pistols, riflesNo	, shotguns, ammunition, and related equipment	***************************************	
Yes. Describe		\$	0.00
. Clothes		J ·	VIII.
∟ No	thes, furs, leather coats, designer wear, shoes, accessories		
Yes. Describe		\$	500.00
.Jewelry			
Examples: Everyday jew gold, silver	efry, costume jewefry, engagement rings, wedding rings, heirloom jewefry, watches, gems,		
No Yes. Describe		home-tanks .	0.00
Non-farm animals		\$	0.00
Examples: Dogs, cats, bi	rds, horses		
No No			
Yes. Describe		\$	0.00
Any other personal and	household items you did not already list, including any health aids you did not list		0.00
☑ No	you did not list		
☐ Yes. Give specific		₆₄	
information		\$	0.00
Add the dollar value of a	Il of your entries from Part 3, including any entries for pages you be at the	·············	
tor David 2 Idlata Abas .	nber here	1 0	1,000.00

Part 4:

Describe Your Financial Assets

Do you own or nave a	iny legal or equitable interest i	n any of the following?	portion y	value of the vou own? duct secured clain
16. Cash <i>Examples:</i> Money ye	ou have in your wallet, in your ho	ome, in a safe deposit box, and on hand when you file your petition		
☑ No				
☐ Yes		Cash:	······ \$	0.00
	ı, savings, or other financial acco r similar institutions. If you have r	unts; certificates of deposit; shares in credit unions, brokerage hou nultiple accounts with the same institution, list each.	uses,	
No Yes		Institution name:		
	17.1. Checking account:	Western Heights Auto Credit Union	\$	0.00
	17.2. Checking account:			0.00
	17.3. Savings account:			0.00
	17.4. Savings account:		<u> </u>	0.00
	17.5. Certificates of deposit:		Ψ	
	17.6. Other financial account:			0.00
	17.7. Other financial account:		Ψ	0.00
	17.8. Other financial account:		<u> </u>	0.00
	17.9. Other financial account:		Ψ	0.00
	www. 5 wor interiord docourt.		\$	0.00
Bonds, mutual funds, Examples: Bond funds. No Yes	or publicly traded stocks, investment accounts with broke Institution or issuer name:	rage firms, money market accounts		
			\$	0.00
			\$	0.00
			\$	0.00
Non-publicly traded so an LLC, partnership, a No	tock and interests in incorpora and joint venture Name of entity:	ited and unincorporated businesses, including an interest in		
information about them			\$	0.00
			\$	0.00
		U/0 %	\$	0.00

23. Annuities (A contr	act for a periodic payment of money to you, either for life or for a number of years)
No No	, , ,
☐ Yes	Inches was a series of the ser

 ·····	ssuer name and description:	
-		\$ 0.00
****		\$ 0.00
 		\$ 0.00

MANAGE CONTRACTOR OF THE THEORY OF THE PROPERTY OF THE PROPERT			
20 0:0:0: 33 000(D)(T), 029A(D), and 029(D)(T).	a qualified ABLE program, or under a qualified state tuition progran	n.	
Yes			
Institution name a	nd description. Separately file the records of any interests.11 U.S.C. § 52	1(c):	
	, and the second se		0.0
0.00		_ \$	0.0
		_ \$	0.0
		- \$	0.0
25. Trusts, equitable or future interests in property exercisable for your benefit	(other than anything listed in line 1), and rights or powers		
☑ No			
☐ Yes. Give specific			
information about them		\$	0.0
6 Patents convrights tradomarks trade	The state of the s		
 Patents, copyrights, trademarks, trade secrets, Examples: Internet domain names, websites, procedure. 	and other intellectual property		
☑ No	agreements		
☐ Yes. Give specific			
information about them		\$	0.0
		nana.	
Licenses, franchises, and other general intangil	bles		
No	operative association holdings, liquor licenses, professional licenses		
Yes. Give specific			
information about them			0.0
Addition to the Juneau Art and St. St. Andrews and St.		\$	0.0
oney or property owed to you?		SANGA ARBANIS E	10000000000000000000000000000000000000
		Current v portion y	alue of the
		Do not ded claims or e	luct secured
Tax refunds owed to you	and the second s	Significant Control	verniphons.
☑ No			
☐ Yes. Give specific information	and the second street of the second street is a second street in the second street in the second street is a second street in the second street in the second street is a second street in the second street in the second street is a second street in the second street in the second street is a second street in the second stre		
about them, including whether	Federal:	\$	0.00
	State:	\$	0.00
you already filed the returns and the tax years			
and the tax years.	Local:	\$	0.00
and the tax years	Local:	\$	0.00
and the tax years		\$	0.00
Family support Examples: Past due or lump sum alimony, spousal s	Local: support, child support, maintenance, divorce settlement, property settleme	\$nt	0.00
Family support Examples: Past due or lump sum alimony, spousal s I No		\$nt	0.00
Family support Examples: Past due or lump sum alimony, spousal s I No	support, child support, maintenance, divorce settlement, property settleme		
Family support Examples: Past due or lump sum alimony, spousal s I No		\$	0.00
Family support Examples: Past due or lump sum alimony, spousal s No	support, child support, maintenance, divorce settlement, property settleme Alimony: Maintenance:		0.00
Family support Examples: Past due or lump sum alimony, spousal s No	support, child support, maintenance, divorce settlement, property settleme Alimony: Maintenance: Support:		0.00
Family support Examples: Past due or lump sum alimony, spousal s No	support, child support, maintenance, divorce settlement, property settleme Alimony: Maintenance: Support: Divorce settlement:		0.00 0.00 0.00 0.00
and the tax years	Alimony: Maintenance: Support: Divorce settlement, property settlement		0.00 0.00 0.00
Family support Examples: Past due or lump sum alimony, spousal s No Yes. Give specific information	Alimony: Maintenance: Support: Divorce settlement: Property settlement:		0.00 0.00 0.00 0.00
Family support Examples: Past due or lump sum alimony, spousal s No Yes. Give specific information	Alimony: Maintenance: Support: Divorce settlement: Property settlement:		0.00 0.00 0.00 0.00
Family support Examples: Past due or lump sum alimony, spousal s No No Yes. Give specific information Other amounts someone owes you Examples: Unpaid wages, disability insurance payme Social Security benefits; unpaid loans you No	Alimony: Maintenance: Support: Divorce settlement: Property settlement:		0.00 0.00 0.00 0.00
Family support Examples: Past due or lump sum alimony, spousal s No Yes. Give specific information	Alimony: Maintenance: Support: Divorce settlement: Property settlement:		0.00 0.00 0.00 0.00

31 Interacte in income		en e		**** ** * ***** * * * * * * * * * * * *
31. Interests in insurance policies Examples: Health, disability, or life insurance				
No	ance; health savings account (HSA); credit, home	owner's, or renter's insurance		
Yes. Name the insurance company				
of each policy and list its value.	Company name:	Beneficiary:	Surrender	or refund valu
			eth.	0.0
			<u> </u>	0.0
			<u> </u>	*
	a from someone who has died expect proceeds from a life insurance policy, or a	re currently entitled to receive	\$	0.0
☑ No				
Yes. Give specific information	The second section of the section of the section of the second section of the section of t	engan ka milifa na nak a dalahat, na kaminifa mga ma minintumbiga kata katamapa milijak ditujun, puga ka kumpa Tangan ka milifa na nak a dalahat, na kaminifa mga ma minintumbiga kata katamapa milijak ditujun, puga ka kump	~~~~	
			\$	0.0
No	not you have filed a lawsuit or made a demains, insurance claims, or rights to sue	nd for payment	=====================================	
Yes. Describe each claim.			Ì	
04		entroly high the systematic of the section by considerable property and the second section of the section of the second section of the section of the second section of the	\$	0.
i. Other contingent and unliquidated claim to set off claims	s of every nature, including counterclaims of	the debtor and rights		
☑ No				
Yes. Describe each claim.	annum () () menan pamamintan annum () () () () () () () () () () () () ()	ambaran kanangal kara sara kanangan karangan karangan karangan karangan karangan karangan karangan karangan ka	PERSONAL DI MINISTERIO	
			\$	0.0
Any financial assets you did not already	list			
☑ No	terminante de la companya del la companya de la companya del la companya de la co	giorning of the state of the st		
Yes. Give specific information			-	0.00
	об выдачина до село на предесей в сестов предесей в сестов предесей на предесе		\$	0.00
Add the dollar value of all of your entries for Part 4. Write that number here	from Part 4, including any entries for pages y	Ou have attached		
for Fart 4. Write that number here			\$	800.00
and the second s				
200 maria (190 maria)		·		
rt 5: Describe Any Business-R	elated Property You Own or Have a	m lm6a		
	, 113, 101 of flave a	in interest in. List any	real estate i	n Part 1.
Do you own or have any legal or equitable No. Go to Part 6.	interest in any business-related property?			
Yes. Go to line 38.				
— 1 cs. do to line 36.				
			Current value	
			portion you over Do not deduct server or exemptions.	vn?
Accounts receivable or commissions you	already earned			vn?
No No			Do not deduct se	vn?
No No	afready earned		Do not deduct se	vn?
☑ No ☑ Yes. Describe			Do not deduct se	vn? Eured claims
Yes. Describe Office equipment, furnishings, and supplie Examples: Business-related computers, software, m			Do not deduct ser or exemptions.	vn? Eured claims
Office equipment, furnishings, and supplie		s, desks, chairs, electronic devices	Do not deduct ser or exemptions.	vn?
Yes. Describe Office equipment, furnishings, and supplies: Business-related computers, software, make the computers of	es odems, printers, copiers, fax machines, rugs, telephone	s, desks, chairs, electronic devices	Do not deduct ser or exemptions.	vn? Eured claims
Yes. Describe Office equipment, furnishings, and supplies: Business-related computers, software, make the computers of	es odems, printers, copiers, fax machines, rugs, telephone	s, desks, chairs, electronic devices	Do not deduct ser or exemptions.	vn? Dured claims 0.00
Yes. Describe Office equipment, furnishings, and supplies amples: Business-related computers, software, make the computers of the computer of the	es odems, printers, copiers, fax machines, rugs, telephone	s, desks, chairs, electronic devices	Do not deduct ser or exemptions.	vn? Sured claims O.OC

page 8

40. Machinery fiveres	ulmmant If		
No No	uipment, supplies you use in business, and tools of your trade		
Yes. Describe			
- ros. Describe		-	0
S			
41. Inventory			
No No			
Yes. Describe			0.
· h		P	<u> </u>
12. Interests in partnerships	or joint ventures		
₩ No			
Yes. Describe N	ame of entity:		
	% Of Own	ership:	
		.% \$	0.
		.% \$	0.
•		% \$	0.
Customer lists, mailing li	sts, or other compilations		
Ma No			
Tes. Do your lists inc	lude personally identifiable information (as defined in 11 U.S.C. § 101(41A))?		
☑ No ☑ Yes. Describe			
Tes. Describe	THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE		
		\$	0.0
Yes. Give specific information		\$	0.0
Manufacture of the Control of the Co		\$	0.0
Althouse, at.		\$	0.0
		\$	0.0
·		¢	0.0
Add the dollar value of all	OF VOICE Anti-	\$	0.0
or Part 5. Write that numb	of your entries from Part 5, including any entries for pages you have attached er here		800.0
		→	000.0
	en de la composição de la		
6: Describe Any Fa	orm- and Commercial Fishing-Related Property You Own or Have an Inter		
If you own or have	an interest in farmland, list it in Part 1.	est in.	
7 No. Go to Part 7.	al or equitable interest in any farm- or commercial fishing-related property?		
= 110, Op to ; a; [] ,			
Yes. Go to line 47.		5 - 1 - 5 - 7 - 5 - 1 - 1 - 1 - 1 - 1	en latera de despera de la como d
Yes. Go to line 47.		Current ya	eta ita kalentaria da berrata barra
Yes. Go to line 47.		portion vo	u own?
Yes. Go to line 47.			
Yes. Go to line 47.		Do not dedu	ct secured claims is.
Yes. Go to line 47. arm animals	farm-raised fish		ct secured claims is.
Yes. Go to line 47. Barm animals xamples: Livestock, poultry,	farm-raised fish	Do not dedu	ct secured claims s.
Yes. Go to line 47. arm animals xamples: Livestock, poultry,	farm-raised fish	Do not dedu	ct secured claims is.
Yes. Go to line 47. Barm animals xamples: Livestock, poultry,		Do not dedu	ct secured claims is

48. Crops—either growing or harvested			
termi			
Tes. Give specific:		A contract of contract of the particle of the	
information		\$	0
9. Farm and fishing equipment, implements, machinery, fi	ixtures, and tools of trade	Hadaya yeyari hiyayaaan	
L NO	The section of the se		
100		**************************************	
0.5000		\$	0
0. Farm and fishing supplies, chemicals, and feed No			
			•
Any farm- and commercial fishing value d		\$	0.
.Any farm- and commercial fishing-related property you			
Yes. Give specific		NA CONTRACTOR CONTRACT	
Information		\$	0.
. Add the dollar value of all of your entries from Dart 6 in.	alicelian and a second	· · · · · · · · · · · · · · · · · · ·	
The state state of the state of			0.0
Do you have other property of any kind you did not alreat Examples: Season tickets, country club membership No	ve an Interest in That You Did Not List About the list?	s	
Do you have other property of any kind you did not alreat Examples: Season tickets, country club membership ✓ No ✓ Yes. Give specific information	ndy list?	\$\$ \$\$	0.00 0.00 0.00
Do you have other property of any kind you did not alreat Examples: Season tickets, country club membership No Yes. Give specific information	ady list?	\$\$ \$\$	0.00
Do you have other property of any kind you did not alreat Examples: Season tickets, country club membership No Yes. Give specific information	te that number here	\$\$ \$\$	0.00 0.00
Do you have other property of any kind you did not alreat Examples: Season tickets, country club membership No Yes. Give specific information	te that number here	\$\$	0.00 0.00
Do you have other property of any kind you did not alreat Examples: Season tickets, country club membership No Yes. Give specific information	te that number here	\$	0.00
Do you have other property of any kind you did not alreat Examples: Season tickets, country club membership No Yes. Give specific information	te that number here	\$	0.00
Do you have other property of any kind you did not alreat Examples: Season tickets, country club membership No Yes. Give specific information	te that number here rm \$0.00	\$\$ \$\$	0.00
Do you have other property of any kind you did not alreat Examples: Season tickets, country club membership No Yes. Give specific information	te that number here	\$\$	0.00
Do you have other property of any kind you did not alreat Examples: Season tickets, country club membership No Yes. Give specific information	te that number here \$ 0.00 \$ 1,000.00 \$ 800.00	\$	0.00
Do you have other property of any kind you did not alreat Examples: Season tickets, country club membership No Yes. Give specific information	te that number here	\$	0.00
Do you have other property of any kind you did not alreat Examples: Season tickets, country club membership No Yes. Give specific information	te that number here \$ 0.00 \$ 1,000.00 \$ 800.00 \$ 0.00 \$ 0.00 \$ 1,000.00	\$	0.00
Do you have other property of any kind you did not alreat Examples: Season tickets, country club membership No Yes. Give specific information	te that number here \$ 0.00 \$ 1,000.00 \$ 800.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$	0.00
Do you have other property of any kind you did not alreat Examples: Season tickets, country club membership No Yes. Give specific information	te that number here \$ 0.00 \$ 1,000.00 \$ 800.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$	0.00

	ase 16-11189 Do	oc 1 Filed 03/31		1:15 Desc Main
Fill in this info	rmation to identify your c	Documen ase:	t Page 20 of 75	
_ + - 101 /	/ra A.	Jackson		
Debtor 2	st Name Mide	die Name Last N	ame	
(Spouse, if filing) Fit	Mide	dle Name Last N	ame	
	kruptcy Court for the Norther	n District of Illinois		
Case number (If known)	the second secon			☐ Check if this is
				amended filing
Official Fo	rm 106C			
) rea no a mater - 186 -	A !	
- Circuu	ie c. The P	roperty to	u Claim as Exemp)t 12/15
or each item of pocific dollar am any applicable tirement funds-nits the exemptiould be limited t	property you claim as exection as exection as exempt. Alternate statutory limit. Some execumay be unlimited in doll	empt, you must specify to tively, you may claim the emptions—such as those lar amount. However, if y emount and the value of y amount.	to A/B) as your source, list the property the 2: Additional Page as necessary. On the to the amount of the exemption you claim. It full fair market value of the property being for health aids, rights to receive certain you claim an exemption of 100% of fair in the property is determined to exceed the	One way of doing so is to state a ing exempted up to the amount benefits, and tax-exempt
You are cla You are cla For any prope	aiming state and federal no aiming federal exemptions. rty you list on Schedule A	onbankruptcy exemptions. 11 U.S.C. § 522(b)(2) A/B that you claim as ex	empt, fill in the information below.	
You are cla You are cla For any prope Brief descript	aiming state and federal no aiming federal exemptions.	anbankruptcy exemptions. 11 U.S.C. § 522(b)(2) A/B that you claim as execute on Current value of the portion you own	11 U.S.C. § 522(b)(3) empt, fill in the information below. e Amount of the exemption you claim	Specific laws that allow exemption
You are clauded You are claude	aiming state and federal no aiming federal exemptions. rty you list on Schedule A	anbankruptcy exemptions. 11 U.S.C. § 522(b)(2) A/B that you claim as exected the constraint of the c	11 U.S.C. § 522(b)(3) empt, fill in the information below. e Amount of the exemption you claim	
You are cla You are cla For any prope Brief descript	aiming state and federal no aiming federal exemptions. rty you list on Schedule A	A/B that you claim as ex Current value of the portion you own Copy the value from	11 U.S.C. § 522(b)(3) empt, fill in the information below. e Amount of the exemption you claim	
For any prope Brief descript Schedule A/B Brief description: Line from	aiming state and federal no aiming federal exemptions. rty you list on Schedule a ion of the property and line that lists this property	A/B that you claim as execute on Current value of the portion you own Copy the value from Schedule A/B	empt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. 2 \$ 500.00 100% of fair market value, up to	Specific laws that allow exemption
For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B:	aiming state and federal no aiming federal exemptions. rty you list on Schedule aim of the property and line that lists this property. Clothings	A/B that you claim as execute on Current value of the portion you own Copy the value from Schedule A/B	empt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
For any prope Brief descript Schedule A/B Brief description: Line from	aiming state and federal no aiming federal exemptions. rty you list on Schedule aim of the property and line that lists this property. Clothings	anbankruptcy exemptions. 11 U.S.C. § 522(b)(2) A/B that you claim as existence on Current value of the portion you own Copy the value from Schedule A/B \$500.00	empt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. 2 \$ 500.00 100% of fair market value, up to	Specific laws that allow exemption
For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B: Brief	aiming state and federal no aiming federal exemptions. If you list on Schedule in the property and line that lists this property Clothings 11	A/B that you claim as exected on Current value of the portion you own Copy the value from Schedule A/B \$500.00	empt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$\infty\$ \frac{500.00}{100\% \text{of fair market value, up to any applicable statutory limit}} \$\infty\$ \frac{500.00}{100\% \text{of fair market value, up to}}	Specific laws that allow exemption 735 ILCS 5/12-1001(a)
For any prope Brief descript Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief	aiming state and federal no aiming federal exemptions. In the property and line that lists this property Clothings Household Furniture 6	A/B that you claim as exected on Current value of the portion you own Copy the value from Schedule A/B \$500.00	empt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$\infty\$ \\$500.00 100% of fair market value, up to any applicable statutory limit \$\infty\$ \\$500.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a) 735 ILCS 5/12-1001(b)
For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B:	aiming state and federal no aiming federal exemptions. If you list on Schedule in the property and line that lists this property Clothings 11	A/B that you claim as exected on Current value of the portion you own Copy the value from Schedule A/B \$500.00	empt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$\infty\$ \frac{500.00}{100\% \text{of fair market value, up to any applicable statutory limit}} \$\infty\$ \frac{500.00}{100\% \text{of fair market value, up to any applicable statutory limit}} \$\infty\$ \frac{500.00}{100\% \text{of fair market value, up to any applicable statutory limit}}	Specific laws that allow exemption 735 ILCS 5/12-1001(a)
For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B: Brief	aiming state and federal no aiming federal exemptions. In you list on Schedule Aim of the property and line that lists this property Clothings Household Furniture 6 Deposit of Cash	A/B that you claim as exected on Current value of the portion you own Copy the value from Schedule A/B \$500.00	empt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$\infty\$ \\$500.00 100% of fair market value, up to any applicable statutory limit \$\infty\$ \\$500.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a) 735 ILCS 5/12-1001(b)
For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B:	aiming state and federal no aiming federal exemptions. In the property and line that lists this property Clothings Household Furniture Deposit of Cash	A/B that you claim as exected on Current value of the portion you own Copy the value from Schedule A/B \$500.00	empt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$\infty\$ \frac{500.00}{100\% of fair market value, up to any applicable statutory limit \$\infty\$ \frac{500.00}{100\% of fair market value, up to any applicable statutory limit \$\infty\$ \frac{0.00}{100\% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a) 735 ILCS 5/12-1001(b)
For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Are you claimir (Subject to adjus	aiming state and federal no aiming federal exemptions. In the property and line that lists this property Clothings Household Furniture Deposit of Cash 17	A/B that you claim as exected on Current value of the portion you own Copy the value from Schedule A/B \$500.00	empt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. Solution 100% of fair market value, up to any applicable statutory limit Solution 100% of fair market value, up to any applicable statutory limit Solution 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a) 735 ILCS 5/12-1001(b) 735 ILCS 5/12-1001(b)
For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B: Are you claimir (Subject to adjus)	aiming state and federal no aiming federal exemptions. Ity you list on Schedule Aim of the property and line that lists this property Clothings 11 Household Furniture 6 Deposit of Cash 17 It as a homestead exemption of the property and line that lists this property	anbankruptcy exemptions. 11 U.S.C. § 522(b)(2) A/B that you claim as existence on Current value of the portion you own Copy the value from Schedule A/B \$500.00 \$500.00 \$0.00	empt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$\sumset\$ \frac{500.00}{100\% \text{of fair market value, up to any applicable statutory limit}} \$\sumset\$ \frac{500.00}{100\% \text{of fair market value, up to any applicable statutory limit}} \$\sumset\$ \frac{9.00}{100\% \text{of fair market value, up to any applicable statutory limit}} \$\sumset\$ \frac{9.00}{100\% \text{of fair market value, up to any applicable statutory limit}} \$\sumset\$ \frac{9.00}{100\% \text{of fair market value, up to any applicable statutory limit}}	735 ILCS 5/12-1001(a) 735 ILCS 5/12-1001(b) 735 ILCS 5/12-1001(b)
For any prope Brief descript Schedule A/B: Brief description: Line from Schedule A/B: Dief Dief Dief Dief Dief Dief Dief Die	aiming state and federal no aiming federal exemptions. Ity you list on Schedule Aim of the property and line that lists this property Clothings 11 Household Furniture 6 Deposit of Cash 17 It is a homestead exemption of the property and line that lists this property	anbankruptcy exemptions. 11 U.S.C. § 522(b)(2) A/B that you claim as existence on Current value of the portion you own Copy the value from Schedule A/B \$500.00 \$500.00 \$0.00	empt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. Solution 100% of fair market value, up to any applicable statutory limit Solution 100% of fair market value, up to any applicable statutory limit Solution 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a) 735 ILCS 5/12-1001(b) 735 ILCS 5/12-1001(b)
For any prope Brief descript Schedule A/B Brief description: Line from Schedule A/B: Are you claimir (Subject to adjus)	aiming state and federal no aiming federal exemptions. Ity you list on Schedule Aim of the property and line that lists this property Clothings 11 Household Furniture 6 Deposit of Cash 17 It is a homestead exemption of the property and line that lists this property	anbankruptcy exemptions. 11 U.S.C. § 522(b)(2) A/B that you claim as existence on Current value of the portion you own Copy the value from Schedule A/B \$500.00 \$500.00 \$0.00	empt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. \$\sumset\$ \frac{500.00}{100\% \text{of fair market value, up to any applicable statutory limit}} \$\sumset\$ \frac{500.00}{100\% \text{of fair market value, up to any applicable statutory limit}} \$\sumset\$ \frac{9.00}{100\% \text{of fair market value, up to any applicable statutory limit}} \$\sumset\$ \frac{9.00}{100\% \text{of fair market value, up to any applicable statutory limit}} \$\sumset\$ \frac{9.00}{100\% \text{of fair market value, up to any applicable statutory limit}}	735 ILCS 5/12-1001(a) 735 ILCS 5/12-1001(b) 735 ILCS 5/12-1001(b)

Debtor 1

Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Page 21 of Tase number (if known) Gase 16-11189

Part 2: **Additional Page**

on Schedule /	ion of the property and line A/B that lists this property	portion	t value of the you own	Amount	of the exemption you claim	Specific laws that allow exemption
		Copy th Schedu	e value from <i>le A/B</i>	Check or	ly one box for each exemption	
Brief description:	Security Deposit	. \$	800.00	u \$_	800.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	22			100%	of fair market value, up to pplicable statutory limit	
Brief description:		\$				
Line from Schedule A/B;				100%	of fair market value, up to pplicable statutory limit	
Brief description:		\$		□s		-
Line from Schedule A/B:				100%	of fair market value, up to	
Brief description:					plicable statutory limit	
Line from Schedule A/B;			·· · · · · ·	□ 100%	of fair market value, up to plicable statutory limit	
Brief description:		\$		Q s		
Line from Schedule A/B: -				L 100% (of fair market value, up to	
description: -		\$		Q \$		
Line from Schedule A/B:				100% c	f fair market value, up to licable statutory limit	
Brief description:		\$		_ \$		
Line from Schedule A/B:				└ 1 00% o	fair market value, up to licable statutory limit	
Brief description: —		\$		Q \$		
Line from Schedule A/B: —	And the second of the second o			100% of any app	fair market value, up to icable statutory limit	
Brief description: —		\$		⊃ \$		
ine from Schedule A/B: —		······································		100% cf any appi	fair market value, up to cable statutory limit	
Brief lescription: —		\$] \$		
ine from Schedule A/B:				100% of	air market value, up to cable statutory limit	
rief escription: —		\$] \$		
ine from chedule A/B: ——				100% of f any applic	air market value, up to able statutory limit	
rief escription: —		5	٢) _{\$}		
ne from chedule A/B:	-			100% of fa	uir market value, up to able statutory limit	

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Page 22 of 75 Jacument Fill in this information to identify your case: Tyra Debtor 1 Jackson First Name Middle Name (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois * Case number (If known) Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. **List All Secured Claims** 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately Column A Column B Column C for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. Amount of claim Value of collateral Unsecured As much as possible, list the claims in alphabetical order according to the creditor's name. Do not deduct the that supports this portion value of colleteral. claim 2.1 If any Describe the property that secures the claim: 0.00 0.00 0.00 Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured) Debtor 2 only Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number 2.2 Describe the property that secures the claim: 0.00 0.00 \$ 0.00 Creditor's Name Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ZIP Code Disputed Who owes the debt? Check one Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: 0.00

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main

Page 23 of 75 Document Fill in this information to identify your case: Tyra Jackson Debtor 1 First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Last Name Middle Name United States Bankruptcy Court for the: Northern District of Illinois ☐ Check if this is an Case number amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecu					
Do any creditors have priority unsecured claim	s against you?				
No. Go to Part 2.					
Yes.	en terretaria de la composición del composición de la composición	وفيزورون	an destruire problègicane r	sa aya balin galas	under der eine dann
each claim listed, identify what type of claim it is. It nonpriority amounts. As much as possible, list the unsecured claims, fill out the Continuation Page of	reditor has more than one priority unsecured claim, list the facilism has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's not part 1. If more than one creditor holds a particular claim.	at clair ame, If	n here and s fyou have m	show both proore than two	riority and o priority
(For an explanation of each type of claim, see the	instructions for this form in the instruction booklet.)	SERVICE CO	Paragraph and American		and property of the control of the c
		Tota		Priority amount	Nonpriority amount
2.1		_	0.00.4	0.00	
N/A Priority Creditor's Name	Last 4 digits of account number	\$	0.00 \$	0.00	\$0.00
r-nonty Creditor's Name	When was the debt incurred?				
Number Street					
	As of the date you file, the claim is: Check all that apply	٠.			
	Contingent				
City State ZIP Code	Unliquidated				
Who incurred the debt? Check one.	Disputed				
Debtor 1 only					
Debtor 2 only	Type of PRIORITY unsecured claim:				
Debtor 1 and Debtor 2 only	Domestic support obligations				
At least one of the debtors and another	Taxes and certain other debts you owe the government				
☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated				
Is the claim subject to offset?	Other. Specify				
☐ No ☐ Yes					
				0.00	¢ 0.00
.2 N/A Priority Creditor's Name	Last 4 digits of account number	\$	\$		\$
This in your and the same	When was the debt incurred?				
Number Street	As of the date you file, the claim is: Check all that apply				
		•			
City State ZiP Code	Contingent Unliquidated				
	Disputed				
Who incurred the debt? Check one.	Disputed				
Debtor 1 only	Type of PRIORITY unsecured claim:				
Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations				
Debtor 1 and Debtor 2 only At least one of the debtors and another	Taxes and certain other debts you owe the government				
Check if this claim is for a community debt	 Claims for death or personal injury while you were intoxicated 				
Is the claim subject to offset?	Other. Specify				
☐ No ☐ Yes					

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main

Tyra A Jacks Ocument Page 24 of 75

Case number (if known)

Debtor 1

Part 2:

List	All of Your	NONPRIORITY	/ Lineacured	Claime

3.	Do any creditors have nonpriority u No. You have nothing to report in t Yes				*********	
4.	nonpriority unsecured claim, list the cre	editor sepa editor holds	rately for each	tical order of the creditor who holds each claim. If a creditor ha claim. For each claim listed, identify what type of claim it is. Do no aim, list the other creditors in Part 3.If you have more than three n	t liet ala	ma alraadu
	•••				Tota	l claim
.1	Orland Park Orthopedics			Last 4 digits of account number 8 7 6 1	and made in Colombia inglis	700.00
	Nonpriority Creditor's Name 16450 S. 104th Avenue Number Street			When was the debt incurred? 02/01/2016	\$	733.00
	Orland Park	IL State	60467 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another☐ Check if this claim is for a commu Is the claim subject to offset? ☑ No			Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	s	
2	☐ Yes Illinois Tollway Nonpriority Creditor's Name			Last 4 digits of account number 8 7 6 1 When was the debt incurred? 03/10/2016	\$	86.00
	2700 Ogden Ave Number Street Downers Grove City Who incurred the debt? Check one.	IL State	60515 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community the claim subject to offset?	nity debt		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
_	₩ No Yes	i Control and an analysis of the second state	The Control of the Co	Other, Specify TORS FOR the Street Washington and project of the Street Constitution of the Street Constitution and the Street Constitution a	effekkir/hodoskelioss zukeners f.drž szer	
_	Comcast Nonpriority Creditor's Name PO Box 3002 Number Street			Last 4 digits of account number 8 7 6 1 When was the debt incurred? 02/12/2016	\$	373.00
	Southeastern	PA State	19398 ZiP Code	As of the date you file, the claim is: Check all that apply.		A Virginia A Montantion (m.)
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	oldis	W. 0006	Contingent Unliquidated Disputed		PERON PROPERTIES VIEW MATERIA N. 18. 1. 1.
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community the claim subject to offset?	ity debt		 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 		Account to the second to the s
	☑ No □ Yes			Other. Specify <u>Cable</u>		

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main

Debtor 1

Middle Name

Jacks Pocument Page 25 of 75

Part 2:

.4	Gary Sanitary District			Last 4 digits of account number	8	7 6	1_	\$ 652.0
	Nonpriority Creditor's Name 839 Broadway Suite S100			When was the debt incurred?	02/2	9/2016	<u>s</u>	
	Number Street Gary	IN	46402	As of the date you file, the claim	is: Ch	eck all th	at apply.	
	City Who incurred the debt? Check one.	State	ZIP Code	Contingent Unfliquidated Disputed				
	Debtor 1 only							
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecur	ed clai	im:		
	At least one of the debtors and another			 □ Student loans □ Obligations arising out of a separate separa	ation a	areemen	t or divorce that	
	Check if this claim is for a commu	nity debt		you did not report as priority clair Debts to pension or profit-sharing	ns			
	Is the claim subject to offset?			Other, Specify Sanitary			***********************	
	☑ No ☑ Yes							
5	Indiana American Water	MERCENE CONTRACTOR CONTRACTOR CONTRACTOR (M	u angiden sengre ensirekt eta eri i e-a-eta i eramaileri betanpeta eriputture	Last 4 digits of account number	8	<u>7 6</u>	1_	\$ 296.00
	Nonpriority Creditor's Name				03/17	7/2016		
	PO Box 94551 Number Street				***************************************	***************************************	~	
	Palatine	IL	60094	As of the date you file, the claim	is: Che	eck all tha	at apply.	
	City	State	ZIP Code	Contingent Unliquidated				
	Who incurred the debt? Check one.			Disputed				
	Debtor 1 only							
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecure	ed clas	m:		
	At least one of the debtors and another			Student loansObligations arising out of a separ	ation ad	greement	or divorce that	
	Check if this claim is for a commu	nity debt		you did not report as priority claim	ns			
1	is the claim subject to offset?			 Debts to pension or profit-sharing Other. Specify Water Syste 		and othe	r similar debts	
	☑ No □ Yes							
6	second contract of the	rukita is eccuminand Allikhitomahataines.	Lenkulokiska (Stationokiskus ISI-Villahokiskus) och av Hillär Villahokiska (Stationokiskus) eriste antiskon	Last 4 digits of account number	8 :	<u>7</u> <u>6</u>	narratrokenkeramankihelikeläheläheläheläheläheläheläh	\$ 530.00
	Nonpriority Creditor's Name				12/29	/2016		
	PO Box 13007 Number Street			- When was the debt incurred?			-	
-	Merrillville	IN	46411	As of the date you file, the claim	is: Che	ck all tha	it apply,	
Ĩ	City	State	ZIP Code	Contingent				
١	Who incurred the debt? Check one.			☐ Unliquidated☐ Disputed☐				
	Debtor 1 only			·				
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecure	d clair	m:		
	At least one of the debtors and another			Student loans Obligations arising out of a separa	ation on	roomon*	or divorce that	
	Check if this claim is for a commur	nity debt		you did not report as priority claim	s			
(🛶 Check ii tiiis Gaim is ior a commin							
	is the claim subject to offset?	my door		Debts to pension or profit-sharing Other. Specify Utility	plans,	and othe	r similar debts	

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Tyra A Jackson Document Page 26 of 75 Case number (# known)

Debtor 1

Part 2:

Bank of America			Last 4 digits of account number 8 7 6 1	s 829
Nonpriority Creditor's Name PO Box 15284			When was the debt incurred? 01/21/2016	***************************************
Number Street Wilmington	DE	19850	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check o	ne.		Unliquidated	
Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and a	inother		Student loans	
☐ Check if this claim is for a co			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?	omnounty Geot		Debts to pension or profit-sharing plans, and other similar debts	
₩ No			☑ Other, Specify Banking	
Yes	staty need to be supposed to the combinery being still to suppose on a combinery.	Pour de la Contraction de la C		
AmeriCash Loans			Last 4 digits of account number 8 7 6 1	\$ <u>646</u>
Nonpriority Creditor's Name 3200 W. 159th St			When was the debt incurred? 11/19/2012	
Number Street				
Markham	<u>IL</u>	60426	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Check on	10.		☐ Disputed	
Debtor 1 only Debtor 2 only			Town of MONDPIODITY	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim: Student loans	
At least one of the debtors and ar	nother		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a co	mmunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify Loan	
☑ No ☑ Yes				
		UPA-imple ACU implies (Specific Specific Acute (Place power for the english for an english for a	Last 4 digits of account number 8 7 6 1	_{\$} 25,000
Overland Bond & Investme Nonpriority Creditor's Name	ant Corporati	OH.		
4701 W. Fullerton Avenue			When was the debt incurred? 11/30/2015	
Number Street Chicago	IL.	60639	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check one	3 .		Unfiguidated Disputed	
Debtor 1 only			□ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and and	other		Student loans	
☐ Check if this claim is for a cor			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	miumity debt		Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset? No			Other, Specify Auto	

Debtor 1

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Tyra A Jackson Document Page 27 of 75 Case number (if known)

Part 2:	Your NONPRIORITY Unsecured Claims — Continuation Pa	o e
	Continuation Fa	91

Imaging Associates of In	diana	····	Last 4 digits of account number 8 7 6 1	\$
Nonpriority Creditor's Name 75 Remittance Dr. Dept	1273		When was the debt incurred? 12/01/2014	~
Number Street Chicago	IL	60675	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check of	one.		Unliquidated	
Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and	another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a c	ommunity deb	t	you did not report as priority claims	
s the claim subject to offset?	•		☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Medical	
☑ No			Other. Specify Wedical	
☐ Yes				
HISTORIUM AZIARISHAZI PRIMERIAMIANI INTORIUM ARISHAMI ARISHAMI PRIMERIANI ARISHAMI AR	100-04-Million No. And and Charles Constituted Anguilling Chapter Charles	$e^{-i\phi_{ij}}(\phi+\delta)e^{-i\phi_{ij}}(0) = \mathbb{E}[\hat{\phi}(\xi)\hat{\phi}(\xi)e^{-i\phi_{ij}}(\theta+\delta)e$		i willidoù-billiadel d'ecanya egga
PayDay Loan Store			Last 4 digits of account number 8 7 6 1	\$ <u>7</u>
Ionpriority Creditor's Name			When was the debt incurred? 12/01/2009	
9920 S. Western Avenue			When was the dept inculted?	
Chicago	IL.	60643	As of the date you file, the claim is: Check all that apply.	
ty	State	ZIP Code	Contingent	
/ho incurred the debt? Check or			Unliquidated	
The Debtor 1 only	I U .		☐ Disputed	
Debtor 1 only Debtor 2 only			Time of MOMPHOPHTY.	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and a	nother		Student loans	
Check if this claim is for a co	mmunity data		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	amunity debt		Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset? No			Other Specify Pay Day Loan	
No Yes				
RELIEU	d Summaria and Assacration and Summaria and	EPPENDO O O O ORGANIZACIO, ANTE ANTON PER ANTONIO ANTONIO ANTONIO ANTONIO ANTONIO ANTONIO ANTONIO ANTONIO ANTO		ersénsonkonsáns Azkatheryagyagya
reat Lakes Specialty Fina	ance		Last 4 digits of account number 8 7 6 1	\$ 92
npriority Creditor's Name 39 W 14th Street			When was the debt incurred? 03/01/2011	
mber Street			As of the date you file, the claim is: Check all that apply.	
hicago Heights	IL State	60411		
,	21916	ZIP Code	Contingent Unliquidated	
ho incurred the debt? Check one) .		☐ Uniquidated ☐ Disputed	
Debtor 1 only			- Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and an			Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a cor	nmunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?			Other. Specify Installment Loan	
No			The state of the s	

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Tyra A JacksorDocument Page 28 of 75 Case number (if known)

Debtor 1

Part 2:	Your	ľ

01/0			d and d distinct of second sec	er-en en e
QVC Nonpriority Creditor's Name			Last 4 digits of account number 8 7 6 1	s18
PO Box 2254			When was the debt incurred? 06/01/2011	
Number Street West Chester	PA	19380	As of the date you file, the claim is: Check all that apply.	
City	State	Z!P Code	Contingent	
Who incurred the debt? Chec	k one		Unliquidated	
Debtor 1 only	K One.		☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors an	d another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt		you did not report as priority claims	
Is the claim subject to offset?	_		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collection Account	
₩ No			Other, Specify Concentration Account	
Yes				
Herbert Goldman PC	MATERIAN PAR BARRIMAN PANLIMAN SINDING NASIYAN SINDING NASIYAN SINDING PANLIMAN SINDING PAN	halam Samburg Sama Austi Varid's representative constituit y an equa of Londy integraba y constituit	Last 4 digits of account number 8 7 6 1	s 3,60
Nonpriority Creditor's Name	······	***************************************	04/04/0044	* <i>'</i>
5 Revere Drive 200			When was the debt incurred? 04/01/2014	
Number Street Northbrook	IL	60062	As of the date you file, the claim is: Check all that apply,	
City	State	ZIP Code	Contingent	
			Unliquidated	
Who incurred the debt? Check	one.		Disputed	
Debtor 1 only				
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	l another		Student loans	
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this claim is for a			Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			☑ Other. Specify Judgement/Landlord	
☑ No □ Yes				
		in the majority taxon beauthers and a supplication of the supplication of the supplication of the supplication		s 9,45
Ingalis			Last 4 digits of account number 8 7 6 1	\$ 0,10
Nonpriority Creditor's Name			When was the debt incurred? 02/01/2015	
One Ingalls Drive Number Street				
Number Street Harvey	IL	60426	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
an and an			Unliquidated	
Who incurred the debt? Check	one.		☐ Disputed	
Debtor 1 only Debtor 2 only			Town of MONOPING	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	another		Student loans	
☐ Check if this claim is for a c			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
- Oneck ii this claim is for a c	community dept		Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?			Other, Specify Medical	

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main

Debtor 1

Jackson Document Page 29 of 75
Case number (# known)

Part 2:

ARS			Last 4 digits of account number	<u>8</u> .	7 (6 <u>1</u>		S	358.
Nonpriority Creditor's Name PO Box 630806			When was the debt incurred?	12/0	1/20	13		-	
Number Street Cincinnati	ОН	45263	As of the date you file, the claim	is: Ch	eck al	that appl	y.		
Who incurred the debt? Check one. Debtor 1 only	State	ZIP Code	Contingent Unliquidated Disputed						
Debtor 2 only			Type of NONPRIORITY unsecure	ed cla	m:				
Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans						
☐ Check if this claim is for a communi is the claim subject to offset? ☑ No ☐ Yes	ity debt		Obligations arising out of a separ you did not report as priority clain Debts to pension or profit-sharing Other, Specify Medical	ΠŞ					
Pathology Consultants Inc	Silen Silenjan (Prodesile) (Vezel perilessos I	reducedia et a companie de frysk had kreuetz e ecanoa a til broad i	Last 4 digits of account number	8	7 6			\$	44.0
Nonpriority Creditor's Name PO Box 30309	4.00.00		— When was the debt incurred?	12/01	/201	14			
Number Street	~~	00447	 As of the date you file, the claim i	is: Cha	ck all	that annly	,		
	SC state	29417 ZIP Code	Contingent	o. One	CK CIIS	патаррту	•		
Who incurred the debt? Check one. Debtor 1 only			Unliquidated Disputed						
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecure	d clair	n:				
At least one of the debtors and another			Student loansObligations arising out of a separa	ition ag	reeme	nt or divo	rce that		
☐ Check if this claim is for a communit s the claim subject to offset?	y debt		you did not report as priority claims Debts to pension or profit-sharing		and ot	her simila	r debts		
✓ No ☐ Yes			☑ Other. Specify Medical						
Advocate South Suburban Hospi	ital	a Mallangsa Goya (Golod) ketilan elektron andress 2008 talah salah persipanya ketilan	Last 4 digits of account number	8 7	6	1	h-eria-ireileold à siassance cune (ja e),	_{\$_3} ,	628.0
ionpriority Creditor's Name PO Box 4251			When was the debt incurred?	2/01/	201	5			
^{umber} Street Carol Stream II		60197	As of the date you file, the claim is	: Chec	k ali th	nat apply.			
ity St.	ate	ZIP Code	☐ Contingent☐ Unliquidated						
Who incurred the debt? Check one.			Disputed						
2 Debtor 1 only Debtor 2 only			The Month of the						
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured	ı claim	ı;				
At least one of the debtors and another			Student loansObligations arising out of a separati	ion co-	nom=-	نالموراق	an that		
Check if this claim is for a community	/ debt		you did not report as priority claims						
the claim subject to offset?	. <u>-</u>		Debts to pension or profit-sharing p Other. Specify Medical	lans, a	nd oth	er similar	debts		
No Yes			Chief. Specify Modical	***************************************					

Case 16-11189

Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main

Debtor 1

First Name

Jackson Document

Page 30 of 75
Case number (if known)

Part 2:

5.9	Advocate Medical Group		Last 4 digits of account number 8 7 6 1	s 242.00
	Nonpriority Creditor's Name PO Box 92523		When was the debt incurred? 07/01/2014	×
	Number Street Chicago IL	60675	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	□ Contingent	
	Who incurred the debt? Check one. Debtor 1 only		Unliquidated Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		☐ Student loans	
	☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical	
	☑ No		Other. Specify Wedical	
	☐ Yes			
.0	arapaman Marka Permisenda da saraban chaman kana di umumun apaman di permisenda permisenda penda da saraban da	thinks of severe constituting Australia Handwidth (16.00) is active		PROPERTY OF THE PROPERTY OF TH
	Malcom S. Gerald & Assoc		Last 4 digits of account number 8 7 6 1	\$ 625.00
	332 S. Michigan Ave Suite 600		When was the debt incurred? 11/01/2014	
	Number Street Chicago IL	60604	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only		- Dispoted	
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
	☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	TO ARREST AND A STATE OF THE ST
	Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical	an original
	M No		Carel. Specify Intodiodi	as tank want a sout of the
	Yes			WERPY LOCALIST ALL
1		an til 1903 jedin gyfnodd Doblaed Dood bodlyd Da Syr Chroniae symmyn mae am _{se} gry	Last 4 digits of account number 8 7 6 1	\$ <u>120.00</u>
	Chicago Family Health Center Nonpriority Creditor's Name		4410410044	
	9119 S. Exchange Ave		When was the debt incurred? 11/01/2014	and the control of th
	Number Street Chicago IL	60617	As of the date you file, the claim is: Check all that apply.	
•	City State	ZIP Code	Contingent	
,	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	T-Vernament.
	Debtor 1 only			THE STATE OF THE S
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	Miles was the second
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		Student loans	VermitAle
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	II VYTERAKALIA.
	s the claim subject to offset?		☑ Other. Specify Medical	de Averagement
1	☑ No			1

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main

Tyra A Jackson Document Page 31 of 75

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main

Debtor 1

1.00 V 250				
Afte	er listing any entries on this page, number th	em beginning wit	th 4.4, followed by 4.5, and so forth.	Total claim
6.2	Franciscan Alliance Dept 78976		Last 4 digits of account number 8 7 6 1	_{\$} 717.00
	Nonpriority Creditor's Name PO Box 78000		When was the debt incurred? 11/01/2014	
	Number Street Detroit MI	48278	As of the date you file, the claim is: Check all that apply.	
	City State	ZiP Code	— Contingent	
	Who incurred the debt? Check one.		Unliquidated Disputed	
	Debtor 1 only		<u>'</u>	
•	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim: Student loans	
	☐ At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ✓ No		☑ Other. Specify Medical	
	Yes			
6.3		rum Arie Marcu a h De eGa e Carraíneo Antonée do Assesso actividade Sidori	Last 4 digits of account number 8 7 6 1	s 1,659.00
	Law Offices of Mitchell D. Bluhm Nonpriority Creditor's Name		When was the debt incurred? 08/01/2010	¥
	PO Box 3269		when was the debt incurred?	
	Sherman TX	75091	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ✓ No		☑ Other. Specify 08/01/2010	
	Yes			
6.4	Consumes communicates de consuminario de Consuminario (Consumentario de Consumentario de Co	ыну, а уштураалыкы тынгынчы обынын алч олго, э сынгын Ейнган	Last 4 digits of account number 8 7 6 1	\$ <u>485.00</u>
	Nicor Gas Nonpriority Creditor's Name		05/04/0044	
	PO Box 5407			
	Number Street Carol Stream IL	60197	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only		Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	1
	Is the claim subject to offset?		Other. Specify Utility	
	☑ No ☑ Yes			# 1994 W

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main

Debtor 1

Jackson Pocument Page 32 of 75

Part 2:

Northern Indiana Region Nonpriority Creditor's Name 35682 Eagleway			Last 4 digits of account number 8 7 6 1	s 381.0	
			When was the debt incurred? 03/01/2011		
Number Street Chicago	IL	60678	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Cher Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	State ck one.	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:		
☐ At least one of the debtors a ☐ Check if this claim is for Is the claim subject to offset ☑ No ☐ Yes	a community debt		 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical 		
Trustmark Recovery Se	ervices	an Andrews (1994)	Last 4 digits of account number 8 7 6 1	\$ 2,193.00	
Nonpriority Creditor's Name 541 Otis Bowen Drive		under .	When was the debt incurred? 08/01/2006		
Number Street Munster	IN	46321	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an Check if this claim is for a Is the claim subject to offset? No Yes	d another community debt		 Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other, Specify Medical 		
Orland Fire Protection			Last 4 digits of account number 8 7 6 1	s 1,540.00	
Nonpriority Creditor's Name PO Box 457			When was the debt incurred? 02/01/2015		
Number Street Wheeling	IL	60090	As of the date you file, the claim is: Check all that apply.		
City Who incurred the debt? Check	State	ZIP Code	Contingent Unliquidated		
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a is the claim subject to offset?	l another		☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Medical		

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main

Tyra A Jackson Document Page 33 of 75

Case number (# known)

Debtor 1

Palos Community Hospital			Last 4 digits of account number 8 7 6 1	_{\$_} 3,609.0		
Nonpriority Creditor's Name 12251 S. 80th Ave			When was the debt incurred? 02/01/2011			
Number Street Palos Heights	IL.	60463	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	☐ Contingent			
Who incurred the debt? C	heck one		Unliquidated			
Debtor 1 only	neck one.		Disputed			
Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 onl			☐ Student loans			
At least one of the debtors			Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
Check if this claim is fo	or a community debt		Debts to pension or profit-sharing plans, and other similar debts			
Is the claim subject to offs	et?		Other. Specify Medical			
☑ No ☐ Yes						
The Cash Store #343	nedizana antara di antara con constituto de l'escenso de l'escente de l'estila da se desirenda di sidenda di s	ngakasilan yang marasa nadalista att a malabah 15 dilib an tambah 8 15 dib b	Last 4 digits of account number 8 7 6 1	\$ 2,793.0		
Nonpriority Creditor's Name	***************************************		00/04/0044			
266 E Roosevelt Rd			When was the debt incurred? U3/01/2011			
Number Street Lombard	IL	60148	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	Contingent			
			Unliquidated			
Who incurred the debt? Ch	neck one.		Disputed			
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only	/		Student loans			
At least one of the debtors	and another		Obligations arising out of a separation agreement or divorce that			
Check If this claim is fo	r a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
Is the claim subject to offs	et?		Other. Specify Pay Day Loan			
₩ No			The state of the s			
U Yes	નું કોને ત્રોકાણ સ્માર્ગ્યું માં ઉપાળ ઉપાળ કે સ્થાપ માટે પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્રાથમિક મારે કોનો ત્રોકાણ સ્માર્ગ્યું માં ઉપાળ કે સ્થાપ માટે પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્ર	Y SARESHESHE SOMES HES K. ESSESSEN, SE HOLZ MANNESSEN S NEMPESAMMAN, SE HOLZ MANNESSEN S.		es institutoronis esti esti la cominació esticola esti		
Americash Loans			Last 4 digits of account number 8 7 6 1	_{\$514.0}		
Nonpriority Creditor's Name			When was the debt incurred? 03/01/2011			
3200 W 159th St			When was the debt incurred? 03/01/2011			
Number Street Markham	IL.	60426	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	Contingent			
1876 m fm	aali aaa		Unliquidated			
Who incurred the debt? Ch	eck one.		☐ Disputed			
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only	,		Student loans			
At least one of the debtors			Obligations arising out of a separation agreement or divorce that			
☐ Check if this claim is fo	r a community debt		you did not report as priority claims			
Is the claim subject to offse	et?		☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Pay Day Loan			
☑ No			we could be a second of the se			
Yes						

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main

Debtor 1

Middle Name

Jackson Document

Page 34 of 75
Case number (if known)

Part 2:		
ганка	Dark	
	гаць	

7.1	All Marigan Language and an analysis of the state of the s	ANNA SECTION AND A SECTION ASSESSMENT	The state of the s	
	AmeriCash Loans Nonpriority Creditor's Name		Last 4 digits of account number 8 7 6 1	s 476.00
	880 Lee St. Suite 302		When was the debt incurred? 06/01/2011	
	Number Street Des Plaines IL	60016	As of the date you file, the claim is: Check all that apply.	
		ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only		·	
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loansObligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims	
	Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other, Specify Pay Day Loan	
	₩ No		Cliner, Specify 1 dy Ddy Loan	
	☐ Yes			
'.2		((((((a)))))))		e portugues de la formación de
	Affinity Cash Loans		Last 4 digits of account number 8 7 6 1	\$_2,737.00
	Nonpriority Creditor's Name 14409 S. Cicero Ave		- When was the debt incurred? 03/01/2011	
	Number Street			
	W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-	60445	As of the date you file, the claim is: Check all that apply.	
	City State Zi	IP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.		Disputed	
	☑ Debtor 1 only ☐ Debtor 2 only		T. (1/21/21/21/21/21	
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		 Student loans Obligations arising out of a separation agreement or divorce that 	
	☐ Check if this claim is for a community debt		you did not report as priority claims	
	Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Pay Day Loan	3 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	₩ No		Cities, Specify 1 dy Ddy Lodin	
	Yes			
.3	THE PLAN AND AND AND AND AND AND AND AND AND A	llikarikan silandikarikan dikan silan		s 578.00
	First Cash Advance Nonpriority Creditor's Name		Last 4 digits of account number 8 7 6 1	Ψ
	Nonphority Creditor's Name 1916 E 95th Street		When was the debt incurred? 03/01/2011	
i	Number Street		As of the date you file, the claim is: Check all that apply.	
		30617 P Code		
	Oily State Zir	Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.		☐ Disputed	
	Md Debtor 1 only ☐ Debtor 2 only		Time of NONDRIGHTY and a defend	
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	White our law
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans Obligations arising out of a separation agreement or divorce that	***************************************
l	☐ Check if this claim is for a community debt		you did not report as priority claims	CAMPA
	s the claim subject to offset?		 □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Pay Day Loan 	
ĺ	☑ No		Chief. Optony . Wy Day Eddi	TO A
	☐ Yes			

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main

Debtor 1

Jackson Ocument Page 35 of 75

Part 2:

Woodforest National Bar	nk		Last 4 digits of account number 8 7 6 1	\$ <u>93</u>		
Nonpriority Creditor's Name PO Box 7889			When was the debt incurred? 05/01/2011			
Number Street The Woodlands	TX	77387	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	Contingent			
Who incurred the debt? Check of			Unliquidated			
Debtor 1 only	one.		☐ Disputed			
Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only			Student loans			
At least one of the debtors and	anothe <i>r</i>		Obligations arising out of a separation agreement or divorce that			
Check if this claim is for a c	ommunity debt		you did not report as priority claims			
Is the claim subject to offset?	•		 Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection 			
₩ No			Was Office. Specify Software Property			
Yes						
PLS Loan Store	e de la companya	international distribution designations and the second section of the second section of the second second second second section second	Last 4 digits of account number 8 7 6 1	ş 1,12		
Nonpriority Creditor's Name			— When was the debt incurred? 03/01/2011			
9920 S. Western Ave			When was the debt incurred? 03/01/2011			
Number Street Chicago	IL	60643	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	Contingent			
			☐ Unliquidated			
Who incurred the debt? Check o	ne.		☐ Disputed			
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only						
At least one of the debtors and a	nother		Student loansObligations arising out of a separation agreement or divorce that			
Check if this claim is for a co	ommunity debt		you did not report as priority claims			
Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts			
is the claim subject to onset? ✓ No			☑ Other. Specify Pay Day Loan			
☐ Yes						
The Pay Day Loan Store	msv-rzemsvefrentiset (velice et Velice) velikelikelikelikerikerskin üleskin üleskin üleskin üleskin üleskin ül	were were ver ein met der die de voor de verde de verde die de die die die die die die die de de verde verdier	Last 4 digits of account number 8 7 6 1	§ 25		
Nonpriority Creditor's Name			When was the debt incurred? 12/01/2009			
628 W. 14th St			-			
Number Street Chicago Heights	IL	60411	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	Contingent			
3841 1 144 1 145 115 115			☐ Unliquidated			
Who incurred the debt? Check of	ne.		☐ Disputed			
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only						
At least one of the debtors and a	nother		 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that 			
Check if this claim is for a co	mmunity debt		you did not report as priority claims			
	woot		Debts to pension or profit-sharing plans, and other similar debts			
Is the claim subject to offset? No			☑ Other. Specify PayDay Loan			
THE IYO						

Debtor 1

Tyra First Name Middle Name

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Tyra A Jackson Pocument Page 36 of 75 Case number (# known)

Part 2:		
	Daniel	Š
	rait.	

Afte	er listing any entries on this page, nu	ımber the	em beginning v	vith 4.4, followed by 4.5, and so forth.		То	tal claim
7.7	PLS Loan Store			Last 4 digits of account number	8 7 6 1	\$	482.00
	Nonpriority Creditor's Name 3740 Broadway			When was the debt incurred?	03/01/2011		
	Number Street	INI	46400	As of the date you file, the claim	is: Check all that apply.		
	City	IN State	46408 ZIP Code	Contingent			
	·			Unliquidated			
	Who incurred the debt? Check one.			☐ Disputed			
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecure	ed claim:		
	Debtor 1 and Debtor 2 only			Student loans	od oldini.		
	At least one of the debtors and another			Obligations arising out of a separ	ation agreement or divorce that		
	☐ Check if this claim is for a commu	nity debt		you did not report as priority claim Debts to pension or profit-sharing	ns plans, and other similar debts		
	is the claim subject to offset?			Other, Specify PayDay Loa	<u>n</u>		
	☑ No ☐ Yes						
7.8	Illinois Title Loans Inc	الله تاكند خواله فرايد فرايد الله الله الله الله الله الله الله الل	acesturares (i escuelación una vertera como tido e à librares i intelien	Last 4 digits of account number	8 7 <u>6</u> <u>1</u>	S	231.00
	Nonpriority Creditor's Name			When was the debt incurred?	01/01/2013		
	15940 S. Kedzie						
	Number Street Markham	IL	60428	As of the date you file, the claim	is: Check all that apply.		
	City	State	ZIP Code	Contingent			
	Who incurred the debt? Check one.			Unliquidated			
	Debtor 1 only			Disputed			
	Debtor 2 only			Type of NONPRIORITY unsecure	ed claim:		
	Debtor 1 and Debtor 2 only			Student loans			
	At least one of the debtors and another			Obligations arising out of a separa			
	☐ Check if this claim is for a commu	nity debt		you did not report as priority claim Debts to pension or profit-sharing			
	Is the claim subject to offset?			Other. Specify Title Loan			
	☐ No ☐ Yes						
7.9	Palos Community Hospital	ogwys malar e asymun war wy programmer.	ote 13km 2007s C brits well a 4-day ett gody et vertical de Arbywell per Vision etter (Last 4 digits of account number	<u>8 7 6 1</u>	\$	33,00
	Nonpriority Creditor's Name	·		When was the debt incurred?	05/01/2012		
	12251 S. 80th Avenue						
	Palos Heights	IL	60463	As of the date you file, the claim i	is: Check all that apply.		
	City	State	ZIP Code	Contingent			
	Who incurred the debt? Check one.			☐ Unliquidated			
	Debtor 1 only			☐ Disputed			
	Debtor 2 only			Type of NONPRIORITY unsecure	ed claim:		
	Debtor 1 and Debtor 2 only			☐ Student loans			
	At least one of the debtors and another			Obligations arising out of a separa			
	Check if this claim is for a commun	nity debt		you did not report as priority claim Debts to pension or profit-sharing			
	is the claim subject to offset?			Other, Specify Medical			
	☑ No □ Yes						
				Notes with the second second and the second			

Debtor 1

Middle Name

Jacksor Pocument Page 37 of 75
Case number (# known) Last Name

Part 2:

0	Marchanta Oundt Outs			9.7.6.1		
	Merchants Credit Guide Nonpriority Creditor's Name			Last 4 digits of account number 8 7 6 1	\$	490.00
	223 W. Jackson Blvd #400			When was the debt incurred? 02/01/2011		
	Chicago	IL	60606	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	☐ Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			☐ Student loans		
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that		
	Check if this claim is for a commu	ınity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			Other, Specify Medical		
	₩ No □ Yes			7.00.00		
	— 165					j
		ANTONIO ANTONIO PAREIRA CITATORI	an ethionisti shikitiin kalita bara 22-taloni shettiin tokkitiiniinka shikitiinii sa fa eszeri		an empression between edited the first of the	
	Pathology Consultants Inc Nonpriority Creditor's Name			Last 4 digits of account number 8 7 6 1	\$	52.00
	PO Box 30309			When was the debt incurred? 03/01/2011		and a very A very
	Number Street			As of the date year file the state in or a least of the state of the s		out to want to
_	Charleston Dity	SC State	29417 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	3.19	State	AIP Code	☐ Contingent ☐ Unliquidated		and a physical property of
	Who incurred the debt? Check one.			Disputed		THE ALL-LAND
_	Debtor 1 only					PAPATAMENT
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		in the second
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans		**
				 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		***************************************
	Check if this claim is for a commun	nity debt		Debts to pension or profit-sharing plans, and other similar debts		
	s the claim subject to offset?			☑ Other. Specify Medical		No. of Contrast of
_	☑ No ☑ Yes					-
	■ TCO	nygostan nagnawast ni nambin bakitimi	a Statutustusen varian kaita kai Tatutustusen valutustusen varian kaita			
] F	Radiology Imaging Consultants			Last 4 digits of account number 8 7 6 1	s1	48.00
Ñ	onpriority Creditor's Name					
	5 Remittance Dr. Dept 1324	~~~		When was the debt incurred? 07/01/2014		
	umber Street Chicago	IL	60675	As of the date you file, the claim is: Check all that apply.		
		State	ZIP Code	Contingent		**************************************
W	Iho incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only					-
	At least one of the debtors and another			Student loansObligations arising out of a separation agreement or divorce that		derivated
	Check if this claim is for a communi	ity debt		you did not report as priority claims		***************************************
	the claim subject to offset?	-		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical		
	No			Uner, Specify ividuical		
	Yes					

Debtor 1

Tyra First Name Α Jackson Document Page 38 of 75
Case number (if known)

Part 2:

Radiology Imaging Specialists Nonpriority Creditor's Name 39645 Treasury Center Number Street Chicago IL 60694 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtors and another At least one of the debtors and another Check If this claim is for a community debt Is the claim subject to offset? No Yes Last 4 digits of account number 8 7 6 1 \$ When was the debt incurred? 06/01/2011 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts To there. Specify Medical	otal claim
Second Control Systems State Special Sta	73.00
Chicago IL 60678 Giy State ZIP Code Contingent Continu	
Contingent Con	
Who incurred the debt? Check one. Disputed	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Student losins arising out of a separation agreement or divorce that you did not report as priority claims Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only D	
Debtor 1 and Debtor 2 only	
At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Mo Yes	
Check if this claim is for a community debt is the claim subject to offset? ✓ No	
Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debt	
Radiology Imaging Specialists Radiology Imaging Specialists Nepptority Creditor's Name 39645 Treasury Center Number Street Chicago IL 60694 City State ZIP Code When was the debt incurred? 06/01/2011 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Radiology Imaging Specialists Radiology Imaging Specialists Norpriority Creditor's Name 39645 Treasury Center Number Street Chicago IL 60694 City State ZIP Code Who incurred the debt? Check one. Disputed As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Account Control Systems Norpriority Creditor's Name 148 Veterans Drive Suite D Number Street Northvale Northvale Northvale Northvale Northvale Northouse Northouse Northouse Northouse Northouse Northouse Northvale Northv	
Radiology Imaging Specialists Nonpriority Creditor's Name 39645 Treasury Center Number Street Chicago IL 60694 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Account Control Systems Nonpriority Creditor's Name 148 Veterans Drive Suite D Number Street Northvale Not hoursed the debt? Check one. Last 4 digits of account number 8 7 6 1 S_Mean to a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Last 4 digits of account number 8 7 6 1 S_Medical When was the debt incurred? Other. Specity Medical When was the debt incurred? Other. Specity Medical When was the debt incurred? Other. Specity Medical As of the date you file, the claim is: Check all that apply. S_Medical When was the debt incurred? Other. Specity Medical	
Radiology Imaging Specialists Nonpinoity Creditor's Name 39645 Treasury Center Number Street Chicago IL 60694 City State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 3 ond best or a community debt Is the claim subject to offset? Nonpinoity Creditor's Name Account Control Systems Norpinoity Creditor's Name 148 Veterans Drive Suite D Number Street Northvale NJ 07647 City State ZiP Code When was the debt incurred? 06/01/2011 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profil-sharing plans, and other similar debts Check if this claim subject to offset? When was the debt incurred? Last 4 digits of account number 8 7 6 1 Sample Street Volter. Specify Medical When was the debt incurred? O4/01/2014 As of the date you file, the claim is: Check all that apply. Check if this claim is for a community debt Sample Street Northvale NJ 07647 City State ZiP Code Unliquidated Disputed	
Radiology Imaging Specialists Nonpriority Creditor's Name 39645 Treasury Center Number Street Chicago IL 60694 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim subject to offset? Monopriority Creditor's Name 148 Veterans Drive Suite D Number Street Northvale NJ 07647 City State ZIP Code When was the debt incurred? 06/01/2011 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profil-sharing plans, and other similar debts Last 4 digits of account number 8 7 6 1 Unliquidated Disputed Sample Street Voters Specify Medical Sample Street Northvale NJ 07647 City State ZIP Code Unliquidated Disputed	wiwidowalani (alikulariani ka
Street Chicago IL 60694 As of the date you file, the claim is: Check all that apply.	2,198.00
Number Street Chicago IL 60694 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 4 his claim is for a community debt State ZIP Code Other. Specify Medical Account Control Systems Northvale NJ 07647 City State ZIP Code Disputed As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Other. Specify Medical When was the debt incurred?	
City State ZIP Code City Contingent Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Account Control Systems Norprority Creditor's Name 148 Veterans Drive Suite D Number Street Northvale Northvale Who incurred the debt? Check one. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Who incurred the debt? Check one. Unliquidated Disputed	
Who incurred the debt? Check one. Disputed Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Last 4 digits of account number 8 7 6 1 When was the debt incurred? As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. Who incurred the debt? Check one.	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 as priority claims Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Medical □ Othe	
□ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes Last 4 digits of account number 8 7 6 1 Account Control Systems Nonpriority Creditor's Name 148 Veterans Drive Suite D Number Street Northvale NJ 07647 City State ZIP Code Who incurred the debt? Check one. Sbligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical When was the debt of account number 8 7 6 1 When was the debt incurred? 04/01/2014 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	
□ Check if this claim is for a community debt Is the claim subject to offset? ☑ No □ Yes Account Control Systems Nonpriority Creditor's Name 148 Veterans Drive Suite D Number Street Northvale Northvale City State Vine State	
Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? If No Yes Other. Specify Medical	
Account Control Systems Nonpriority Creditor's Name 148 Veterans Drive Suite D Number Street Northvale Northvale Northvale State Via State Via Code Via Contingent Unliquidated Unliquidated Disputed Via Spute Systems Via Contingent Unliquidated Disputed	
Account Control Systems Account Control Systems Last 4 digits of account number 8 7 6 1 \$ _ Account Control Systems	
Account Control Systems Nonpriority Creditor's Name	
Account Control Systems Nonpriority Creditor's Name 148 Veterans Drive Suite D Number Street Northvale City State No incurred the debt? Check one. Last 4 digits of account number 8 7 6 1 When was the debt incurred? When was the debt incurred? O4/01/2014 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Nonpriority Creditor's Name 148 Veterans Drive Suite D Number Street Northvale Northvale Nothoricity State No incurred the debt? Check one. Northvale When was the debt incurred? O4/01/2014 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	106.00
148 Veterans Drive Suite D Number Street Northvale NJ 07647 City State ZIP Code Who incurred the debt? Check one. As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Northvale NJ 07647 City State ZIP Code As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
City State ZIP Code Contingent Unliquidated Who incurred the debt? Check one.	
Who incurred the debt? Check one.	
Disputed	
a abbar only	
☐ Debtor 2 only Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only Student loans	
☐ At least one of the debtors and another ☐ Obligations arising out of a separation agreement or divorce that	
□ Check if this claim is for a community debt you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset? ✓ Other. Specify Collection	
☑ No □ Yes	

Debtor 1

Tyra First Name

Middle Name

Jackson

Document

Page 39 of 75 Case number (if known)_

8.6	Seventh Avenue		Last 4 digits of account number 8 7 6 1	s 73.00
	Nonpriority Creditor's Name		When was the debt incurred? 12/01/2013	\$ 73.00
	1112 7th Avenue		when was the dept incurred?	
	Monroe W	/I 535	As of the date you file, the claim is: Check all that apply.	
	City Sta	te ZIP Co	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only		- Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
	☐ Check if this claim is for a community	right	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?	dept	Debts to pension or profit-sharing plans, and other similar debts	
	₩ No		☑ Other. Specify Credit Card	
	Yes			
8.7	South Fulton Medical Center	http://disensed.com/ensemblessergage-co-collectivalss	Last 4 digits of account number 8 7 6 1	s 400.00
	Nonpriority Creditor's Name		00/04/0040	*
	PO Box 532525		When was the debt incurred? 08/01/2010	
	Number Street Atlanta G/	A 303	As of the date you file, the claim is: Check all that apply.	
	City State		Contingent	
	Who incurred the debt? Check one.		Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Check if this claim is for a community	tept	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☑ No		☑ Other. Specify Medical	
	Yes			
8.8	DBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	(val eliperityk (jólisszarósánástalósánósten)-áróssanástalósánós-	**************************************	_{\$} 71,393.00
;	Advocate South Suburban Hospita Nonpriority Creditor's Name	1	Last 4 digits of account number 8 7 6 1	OUT VAN VARIABLE
;	22091 Network Place	H-49	When was the debt incurred? 02/01/2015	VOCASIAAA LAAMAA KAAMAA KA
	Chicago IL	6067	As of the date you file, the claim is: Check all that apply.	
(City State	ZIP Code	Contingent	Account and
1	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only		·	
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Deptor 1 and Deptor 2 only At least one of the debtors and another		Student loansObligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community d	ebt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	III manada a (Vilvey)
ı	s the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	
į	☑ No ☑ Yes			

 Case 16-11189
 Doc 1
 Filed 03/31/16
 Entered 03/31/16 16:11:15
 Desc Main

 Tyra
 A
 Jackson Document
 Page 40 of 75 Case number (# known)
 Case number (# known)

Debtor 1

Part 2:		
42 4 4	T1	3
	177	74

Afte	r listing any entries on this page, number	r them beginning w	ith 4.4, followed by 4.5, and so forth.	То	tal claim
8.9	South Suburban Cardiology		Last 4 digits of account number 8 7 6 1	\$	48.00
	Nonpriority Creditor's Name 4647 West Lincoln Highway		When was the debt incurred? 08/01/2012		
	Number Street Natteson IL	60443	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	Contingent		
	Who incurred the debt? Check one.		☐ Unliquidated☐ Disputed		
	Debtor 1 only		■ Disputed		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only At least one of the debtors and another		☐ Student loans		
		1-64	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Check if this claim is for a community d	lebt	Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?		☑ Other, Specify Medical		
	Yes			eloka, sensioonisiisiis orak	ppyropromydy przypycia pried i kariliani
9.0	Sprint		Last 4 digits of account number 8 7 6 1	\$	231.00
	Nonpriority Creditor's Name		When was the debt incurred? 01/01/2010		
	PO Box 4191		when was the debt incurred r		
	Number Street Carol Stream IL	60197	As of the date you file, the claim is: Check all that apply.		
	City State		Contingent		
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed		
	Debtor 1 only		Lispated		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		Student loans		
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	☐ Check if this claim is for a community d	ebt	Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?		Other. Specify Cellular		
	☑ No ☐ Yes				
9.1	St. James Hospital & Health Cente	and in the second of the control of	Last 4 digits of account number 8 7 6 1	\$	248.00
	Nonpriority Creditor's Name		When was the debt incurred? 11/01/2009		
	37653 Eagle Way		—		
	Number Street Chicago IL	60678	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	Contingent		
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed		:
	Debtor 1 only		•		:
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		☐ Student loans		
		-hé	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Check if this claim is for a community d	eut	Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?		Other, Specify_Medical		
	₩ No Yes				:
				error.	

Debtor 1

Document Jackson

Page 41 of 75
Case number (if known)

0 4	4	9

Afte	r listing any entries on this page, number the	n beginning wit	h 4.4, followed by 4.5, and so forth.	To	tal claim
9.2	Diversified Credit Services		Last 4 digits of account number 8 7 6 1	\$	740.00
	Nonpriority Creditor's Name 3701 S. Linbergh Blvd Suite 204		When was the debt incurred? 02/01/2015		
	Number Street St. Louis MO	63127	As of the date you file, the claim is: Check all that apply.		
	City State Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt is the claim subject to offset?		 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Medical 		
	☑ No ☑ Yes				
3.3	TCF National Bank Norpriority Creditor's Name		Last 4 digits of account number 8 7 6 1	\$	255.00
	800 Burr Ridge Parkway		When was the debt incurred? 02/01/2010		
	Number Street Burr Ridge IL	60521	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	Contingent Unliquidated		
	Who incurred the debt? Check one.		☐ Disputed		
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loansObligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset? ☑ No ☐ Yes		Other. Specify_Banking		
).4	National Credit Adjusters	тей сучасный на Бесений на применений на применений на применений на применений на применений на применений на Применений на применений н	Last 4 digits of account number 8 7 6 1	\$	350.00
	Nonpriority Creditor's Name PO Box 3023 327 W 4th St.		When was the debt incurred? 05/01/2011		
	Number Street Hutchinson KS City State	67504	As of the date you file, the claim is: Check all that apply.		
	City State Who incurred the debt? Check one.	Zir Code	☐ Contingent☐ Unliquidated☐ Disputed☐		
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loansObligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community debt		you did not report as priority claims		
	Is the claim subject to offset? ☑ No □ Yes		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collection		

Debtor 1

Tyra A Jacksop Ocument
First Name Middle Name Last Name

Page 42 (afe 75 best (if known)_____

Part		acha (arasi yan			Tele	al claim
After	listing any entries on this page, nur	nber then	beginning with		10G	a walli
	Sixth Municipal District			Last 4 digits of account number 8 7 6 1	\$	465.00
	Nonpriority Creditor's Name 16501 Kedzie Ave			When was the debt incurred? 12/01/1999		
	Number Street Markham	IL	60428	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent Unliquidated		
	Who incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	 Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communication 	nity debt		 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 		
	Is the claim subject to offset? No Yes	·		Other. Specify Judgement		
9.6	godernikasi kirak esmitunciak di misiri yukan fara da Sanda kununian fungko anoanda misirik aya sarinta shi suyuwak nca ahak esmi	envening Version in envening VV between	anticipitate filipiemiska et veet isken jaken jaken veeti kunstiivista keep veeti kun et kolkisteen E	Last 4 digits of account number 8 7 6 1	\$	850.0
	K B Investments Nonpriority Creditor's Name 458 East 147th St			When was the debt incurred? 02/01/2015		
	Number Street		60426	As of the date you file, the claim is: Check all that apply.		
ı	Harvey City	State	ZIP Code	Contingent Unliquidated		
	Who incurred the debt? Check one.			Disputed		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only At least one of the debtors and another	г		Student loansObligations arising out of a separation agreement or divorce that		
and the same of th	Check if this claim is for a commu			you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset? ☑ No			✓ Other. Specify Collection		
	Yes	elittiikkus wasyasiya kiyas zawa ywayimak			\$ <u></u>	600.0
9.7	Peoples Gas			Last 4 digits of account number 8 7 6 1		
A	Nonpriority Creditor's Name 130 E. Randolph St			When was the debt incurred? 02/01/2015		
And Property	Number Street	 IL	60687	As of the date you file, the claim is: Check all that apply.		
	Chicago City	State	ZIP Code	Contingent Unliquidated		
and the state of t	Who incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Arrest (WAY) to a	 □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt 			Student loans Obligations arising out of a separation agreement or divorce that		
				you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
any and following field (AV) (TA)	Is the claim subject to offset?			Other. Specify Utility		
W 111 MW 1	Yes					

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Jackson Document Page 43 (after 75) plest (If known)

Debtor 1

Α

Nineco			Last 4 digits of account number 8 7 6 1	\$_1,200.00
Nipsco Nonpriority Creditor's Name			When was the debt incurred? 02/01/2015	
PO Box 13007			When was the dept medited:	
Number Street Merrillville	IN	46411	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Che	eck one.		Unliquidated Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors	and another		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Check if this claim is fo	r a community debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offse			☑ Other. Specify Utility	
☑ No				
☐ Yes				uura kuntuutistiin, eegangaan dakalehtiguungan sakalehtigu
A CONTROL NO. INCOME AND A CONTROL OF A CONT	avera and delicipate the more above the fill and a new and a fill and an extension of the fill and a fill and a	g dys gweig die hy han y sanghanin eiliad ar Charroll (h) hanning in et Lampie (h) e K). Ame	Last 4 digits of account number 8 7 6 1	\$ <u>270.0</u>
AT&T Nonpriority Creditor's Name			00/04/0045	
PO Box 5014			When was the debt incurred? 02/01/2015	
Number Street			As of the date you file, the claim is: Check all that apply.	
Carol Stream	IL .	60197 ZIP Code	Contingent	
City	State	ZIP Code	☐ Unliquidated	
Who incurred the debt? Ch	eck one.		☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	1		☐ Student loans	
At least one of the debtors			Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is fo	or a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offs			Other. Specify Cellular	
☑ No				
Yes				
ere green han week of the Secretary is the season of the Company o	talenta egg krigistings angs tyrker'di gygrifan fan hansstag d valengson har tronds signatur.			\$ 1,260.0
Metro Center For He	alth		Last 4 digits of account number 8 7 6 1	
Nonpriority Creditor's Name			When was the debt incurred? 08/01/2006	
901 McClintock Dr. S	uite 202		As of the date you file, the claim is: Check all that apply.	
Burr Ridge	IL.	60527		
City	State	ZIP Code	☐ Contingent ☐ Unliquidated	
Who incurred the debt? C	heck one.		Disputed	
Debtor 1 only			Type of NONPRIORITY unsecured claim:	
Debtor 2 only	lu		Student loans	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is f		ŧ	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to off	set?		✓ Other Specify Medical	
☑ No				
Yes				

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main

Tyra A Jackson Document Page 44 of 75

Page 44 of 75

Debtor 1

Ľ	2	3	G	t	ı	2	Đ

OSI Collection Service	s		Last 4 digits of account number 8 7 6 1		S	29.00
Nonpriority Creditor's Name 1375 E Woodfield Rd S			When was the debt incurred? 08/01/2006		Ψ	
Number Street			As of the date you file, the claim is: Check all that apply.			
Schaumburg city	IL State	60173 ZIP Code				
Who incurred the debt? Chec		ZIF Code	☐ Contingent☐ Unliquidated☐ Disputed			
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only			Student loans			
At least one of the debtors at	nd another		 Obligations arising out of a separation agreement or divorce you did not report as priority claims 	that		
Check if this claim is for	•		Debts to pension or profit-sharing plans, and other similar de	ebts		
Is the claim subject to offset	?		Other. Specify			
⊠ No □ Yes						
Midwest Diagnostic Pa	.thwav	and the second series of contract for refer refer and reveal of any and an abstract of contract or stands	Last 4 digits of account number 8 7 6 1	e dutstraktie 111 instillersockwischen	\$	547.00
Nonpriority Creditor's Name			When was the debt incurred? 02/01/2015			
75 Remittance Dr Suite	3		when was the debt incurred?			
Chicago	IL	60675	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	Contingent			
Who incurred the debt? Chec	ck one.		Unliquidated Disputed			
Debtor 1 only			☐ Dispated			
Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only At least one of the debtors a	nd another		Student loans			
			 Obligations arising out of a separation agreement or divorce you did not report as priority claims 	that		
Check if this claim is for	-		Debts to pension or profit-sharing plans, and other similar de	ebts		
is the claim subject to offset	?		☑ Other, Specify Medical			
■ No □ Yes						
Midwest Emergency A	ecociates	a gymniaeth a agnaeth a thainn ann a thair ann an thail a dh'i dhaidh a bhaidh a bhaidh a bhaidh a bhaidh a bh	Last 4 digits of account number 8 7 6 1	AN THE PARTY AND AN ADDRESS OF THE PARTY AND A	\$	968.00
Nonpriority Creditor's Name	3300/4/03					
PO Box 6500			When was the debt incurred? U9/01/2013			
Number Street Chicago	IL	60680	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	☐ Contingent			
Who incurred the debt? Chec	ck one		Unliquidated			
Debtor 1 only	ok one.		☐ Disputed			
Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only			☐ Student loans			
At least one of the debtors at	nd another		 Obligations arising out of a separation agreement or divorce you did not report as priority claims 	that		
Check if this claim is for	a community debt		Debts to pension or profit-sharing plans, and other similar de	ebts		
Is the claim subject to offset	?		☑ Other Specify 09/01/2005			
🗹 No						

 Case 16-11189
 Doc 1
 Filed 03/31/16
 Entered 03/31/16 16:11:15
 Desc Main

 Tyra
 A
 JacksonDocument
 Page 45 of 75 number (# known)
 Page 45 of 75 number (# known)

Debtor 1

Part 2:

	er listing any entries on this page, n			4.4, followed by 4.5, and so forth.	Total claim
Ю. Ч	Lake Imaging LLC			Last 4 digits of account number 8 7 6 1	\$ 73.00
	Nonpriority Creditor's Name 55 E 86th Ave Suite A			When was the debt incurred? 03/01/2011	
	Number Street Merrillville	IN	46411	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.	State	ZIP Code	Contingent Unliquidated Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and anothe	r		Student loans	
	☐ Check if this claim is for a commi			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	•		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	
	₩ No Yes				
10,5	Little Company of Mary Hospi	tal	nt Maria di manda di Sala di Perinta di La se dan sa minene mangan sa and di sa sa da anda an anda di Sala di Maria di Maria di Ma	Last 4 digits of account number 8 7 6 1	\$ <u>31,457.00</u>
	Nonpriority Creditor's Name PO Box 97677		\$ ¹ , \$ ₁ ,	When was the debt incurred? 05/01/2011	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	Chicago	IL State	60678 ZIP Code	Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated☐ Disputed	
	Debtor 1 only				
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	r		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commu	ınity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other, Specify Medical	
	☑ No □ Yes				
10.b	Little Co Mary Hospital Group	411242×-174249141712944N99	Li Summitti Andreati um de atriuliu (Li ACA in Simbrit matienti PA Li Indialine e Austracia)	Last 4 digits of account number 8 7 6 1	\$_2,252.00
	Nonpriority Creditor's Name	`	······································	When was the debt incurred? 02/01/2015	
	2800 W. 87th Street Suite 100			- As of the date you file, the claim is: Check all that apply.	
	Chicago	IL State	60652 ZIP Code	Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans	
	☐ Check if this claim is for a commu			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical	
	☑ No ☑ Yes				

Debtor 1

Jackson Document

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main

Α

Page 46 of 75
Case number (if known)_____

Part 2:

Granty Bank			Last 4 digits of account number 8 7 6 1	s 323
Nonpriority Creditor's Name PO Box 240200			When was the debt incurred? 02/01/2011	Ψ
Number Street Milwaukee	WI	53224	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check	State cone.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and	d another		Student loans	
☐ Check if this claim is for a ls the claim subject to offset? ☑ No ☐ Yes	-		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Banking 	
State Collection Service			Last 4 digits of account number 8 7 6 1	\$373
2509 S. Stoughton Rd			When was the debt incurred? 02/01/2011	
Number Street Madison	WI	53716	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check	one.		Unliquidated	
Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and			Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify Collection	
☑ No ☑ Yes				
en 2000 million per programpio ingritori concentratione en sente meditari di predictori previo professiva di distributori.	entennos tra consecu a grandana a relacenta en principio de la cintra de la cintra de la cintra del propriedo	arthronius neuronomentenschen des constitutionische der die der der der		_s 196.
Hennepin Faculty Assoc	iates		Last 4 digits of account number 8 7 6 1	
600 HFA Building 914 S. Number Street	Eighth Stree		When was the debt incurred? 05/01/2006	
Minneapolis	MN	55404	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check	one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			ing many m	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and	another		☐ Student loans	
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this claim is for a c	community debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other, Specify_Collection	

Debtor 1

Jacks Opcument

Page 47 of 75 Case number (# known)_

Part 2:

	page, number the		th 4.4, followed by 4.5, and so forth.	Total clain
Ingalls Memorial Hospi Nonpriority Creditor's Name	tal		Last 4 digits of account number 8 7 6 1	\$ 3,073.0
PO Box 75608			When was the debt incurred?	
Number Street Chicago	IL	60675	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incomed the debth of			Unliquidated	
Who incurred the debt? Chec Debtor 1 only	k one.		☐ Disputed	
Debtor 2 only			_	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors an	d another		Student loans	
Check if this claim is for a			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?	>		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical	
☑ No			Other, Specify Wedical	
Yes				
Mahim K. Vora MD	www.march.engen.com.com.com.philosophy.com.com.com.com.com.com.com.com.com.com	and and of the control of the contro	Last 4 digits of account number 8 7 6 1	\$ 380.0
Nonpriority Creditor's Name				90
112 S. Saddlebrook Dr Number Street			When was the debt incurred? 06/01/2006	
Oakbrook	IL	60523	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check	000		Unliquidated	
Debtor 1 only	one.		☐ Disputed	
Debtor 2 only			Time of NONDRIGORY	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	another		Student loans	
Check if this claim is for a	community daht		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Is the claim subject to offset?	voluntarity debt		Debts to pension or profit-sharing plans, and other similar debts	
Z No			Other Specify Medical	
Yes				
	eramen i santanta de primero per en menero por alla per de menero de la manda	enganner och sammen och mel terpital primantinin som en mel til mel ter Amptimis		s 1,324.00
ICS Nonpriority Creditor's Name			Last 4 digits of account number 8 7 6 1	Ψ
PO Box 646			When was the debt incurred? 09/01/2006	
Number Street Oak Lawn			As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	☐ Contingent	
Who incurred the debt? Check	One		Unliquidated	
Debtor 1 only	one.		☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only				
At least one of the debtors and	another		Student loans Ohligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a c	ommunity debt		you did not report as priority claims	
Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Buds Ambulance	
☑ No			Unier, Specify Dudo Amburance	
Yes				

Debtor 1

Jackso Pocument Page 48 of 75

Case number (if known)_

Part 2:

Financial Asset Manage	ment System		Last 4 digits of account number 8 7 6 1	s 927.0
PO Box 926050			When was the debt incurred? 03/01/2006	*
Number Street Norcross	GA	30010	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	☐ Contingent	
Who incurred the debt? Check Debtor 1 only	one.		Unliquidated Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 onlyAt least one of the debtors and			Student loans	
			Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify Wireless	
☑ No ☑ Yes				
Emergency Care Consul	toote	409/cirkingin hasa wilata ad dwalada 44 kgc kiphiyipi ma woo aa sisaa kee 2.2.2.2.2.	Last 4 digits of account number 8 7 6 1	s 313.00
Nonpriority Creditor's Name	taits		ANALY MARKET	\$
PO Box 86 Lock Box 12- Number Street	0910		When was the debt incurred? 06/01/2006	
Minneapolis	MN	55486	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check	one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and			Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a c	ommunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?			Other. Specify Medical	
Ø No □ Yes				
	opports y polity polity of the realization with restrictive TIS of the TIS of the TIS of the TIS of the TIS of	SAA-nihus steps of each with a large transport of the large and encounter of encounter of		s 961.00
EMS Ventures Inc			Last 4 digits of account number 8 7 6 1	
PO Box 532442			When was the debt incurred? 08/01/2010	
Charlotte	NC	28290	As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	Contingent	
Who incurred the debt? Check o	ne.		Unliquidated	
2 Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and a	nother		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a co	ommunity debt		you did not report as priority claims	
the claim subject to offset?			 ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Medical 	

Jacks Pocument Α

Page 49 of 75
Case number (if known)

Part 2:

Debtor 1

Evergreen Emergency	Services		Last 4 digits of account number 8 7 6 1	e-emperature and a femological
Nonpriority Creditor's Name	Services		Manufacture Manufacture Property of the Control of	\$918.
PO Box 428080			When was the debt incurred? 04/01/2011	
Evergreen Park	IL	60805	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Cher Debtor 1 only Debtor 2 only	State	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors as Check if this claim is for ls the claim subject to offset Mo Yes	a community debt		 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical 	
Advocate Medical Grou			Last 4 digits of account number 8 7 6 1 When was the debt incurred? 08/01/2013	\$ 474.0
75 Remittance Dr. Suite Number Street	1019			
Chicago ^{City}	IL Stale	60675	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a	cone. d another community debt	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other, Specify Medical	
No Yes Allina Hospital & Clinic conpriority Creditor's Name PO Box 9125 umber Street Alineapolis ity //ho incurred the debt? Check	MN State	55480 ZIP Code	Last 4 digits of account number 8 7 6 1 When was the debt incurred? 08/01/2006 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$_3,216.0
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a the claim subject to offset? No			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	

Debtor 1

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Jack Decument Page 50 of 75

Case number (# known)

Part 2:

Allia - m				www.c.c.
Allina Pharmacies Financ Nonpriority Creditor's Name	e		Last 4 digits of account number 8 7 6 1	s 262
PO Box 43 Mail Route 10	911		When was the debt incurred? 08/01/2006	7
_{Number Street} Minneapolis	MN	55440	As of the date you file, the claim is: Check all that apply.	
City Who incurred the debt? Check on ☑ Debtor 1 only	State e.	ZIP Code	Contingent Unliquidated Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and ar	other		Student loans	
Check if this claim is for a co		ŧ	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset? No Yes			Other. Specify Medical	
Buds Ambulance Service	SIXO BASINO (14 de broco resenviros de basicios (14 de des	ann an Chairm (a chairm an Chairm an Chairm (a chairm a chairm an Chairm an Chairm (a chairm a chairm an Chairm	Last 4 digits of account number 8 7 6 1	\$ 3,183
onpriority Creditor's Name O Box 659			When was the debt incurred? 05/01/2015	\$_0,100.
umber Street			Annual Control of the	
olton v	IL	60419	As of the date you file, the claim is: Check all that apply.	
vy	State	ZIP Code	Contingent	
ho incurred the debt? Check one			☐ Unliquidated ☐ Disputed	
Debtor 1 only			- Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and and	ther		Student loans	
			Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a com	munity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?			Other. Specify Medical	
No Yes			-	
en alle de la company de l La company de la company d	Betware or menerolistical and de-	ing the same and t		\$ 12,200.0
idwest Title Loan ppriority Creditor's Name			Last 4 digits of account number 8 7 6 1	\$_12,200.1
350 Torrence Ave			When was the debt incurred? 08/28/2015	
nber Street INSING	IL	60438	As of the date you file, the claim is: Check all that apply.	
	State	ZIP Code	☐ Contingent	
o incurred the debt? Check one.			☐ Unliquidated	
Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and anot	her		Student loans Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a com	nunity debt		you did not report as priority claims	
he claim subject to offset?	•		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Title Loan	

Debtor 1

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Tyra A JacksonDocument Page 51 of 75 Case number (if known)

Middle Name

Part 2:

Car Credit Center Cor	p	Last 4 digits of account number 8 7 6 1	21.0	
Nonpriority Creditor's Name 7600 S. Western Ave		When was the debt incurred?	\$ <u>21,000</u>	
Number Street Chicago	IL 60620	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Ches Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors as Check if this claim is for is the claim subject to offset No Yes	State ZIP Code ck one. Indianother a community debt	 □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Retail Installment 		
n/a Nonpriority Creditor's Name	TET COLOGICA FOR COLOGO AND	Last 4 digits of account number	\$	
Number Street		When was the debt incurred?		
Annoel Street		As of the date you file, the claim is: Check all that apply.		
City	State ZIP Code	☐ Contingent		
Who incurred the debt? Chec	V ana	☐ Unfiquidated		
Debtor 1 only	Cone.	☐ Disputed		
Debtor 2 only				
Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
At least one of the debtors and	of smather	☐ Student loans		
		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a	community debt	you did not report as priority claims		
s the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts		
□ No		Other. Specify		
Yes				
amen to classifica de seculo es es como se estamban de compaño e considerado en escripa e desarrol estado de c	. The constitution of the		electrosiscos estados estados. E	
1/a Ionpriority Creditor's Name		Last 4 digits of account number	\$	
		When was the debt incurred?		
umber Street		As of the date you file, the claim is: Check all that apply.		
ły	State ZIP Code	Contingent		
ho incurred the debt? Check		Unliquidated		
	one.	☐ Disputed		
Debtor 1 only Debtor 2 only		-		
Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
At least one of the debtors and	another	Student loans		
		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a	community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
the claim subject to offset?		Other. Specify		
1 №				

Debtor 1

Tyra First Name

Jack Document

Page 52 of 75
Case number (# known)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

2, trien list the collection agen	cy hara e	ination	ut your bankruptcy, for a debt that you already listed in Parts 1 or 2. For you for a debt you owe to someone else, list the original creditor in Parts 1 or ave more than one creditor for any of the debts that you listed in Parts 1 or 2, list the rsons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Chex System			
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
7805 Hudson Rd			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Woodberry	MN	CEADE	Last 4 digits of account number 8 7 6 1
City ************************************	State	55125 ZIP Code	-100 / digits of account number _0 _1 _0 _1
Equifax Bankruptcy Dept		hattiver gan til et ha såmming och midden setterfiska om emisse progra	On Which onthe in Don't A on Don't A on Don't A
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 740241 Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Claims Part 2: Creditors with Nonpriority Unsecured
Atlanta	GA	30374	
City	State	ZIP Code	Last 4 digits of account number 8 7 6 1
Experian Bankruptcy		and an incident and an analysis of the second of the secon	On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 2002			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Claims Claims
Allen City	TX State	75013 ZIP Code	Last 4 digits of account number 8 7 6 1
Trans Union Bankruptcy		Service Control of the Control of th	On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 1000			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	***************************************		Part 2: Creditors with Nonpriority Unsecured
Observation			Claims Claims
Chester	PA State	19022 ZIP Code	Last 4 digits of account number 8 7 6 1
Certegy Check Service			
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 30046 Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Hosecured
Tampa	FL	33630	Cidans
City challenges commenced with the commenced c	FL State	33630 ZIP Code	Last 4 digits of account number 8 7 6 1
Asset Recovery Solutions			On which entry in Part 1 or Part 2 did you list the original creditor?
2200 E Devon Ave			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			Claims Part 2: Creditors with Nonpriority Unsecured
Des Plaines	IL	60018	Last 4 digits of account number 8 7 6 1
J/9	State	ZIP Code	
ame			On which entry in Part 1 or Part 2 did you list the original creditor?
umber Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Claims Part 2: Creditors with Nonpriority Unsecured
ty	State	ZIP Code	Last 4 digits of account number

Jackson Document

Page 53 of 75
Case number (if known)

Debtor 1

Tyra First Name

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

					:laim
Total claims		a. Domestic support obligations	6a	ı. \$	0.00
		Taxes and certain other debts you owe the government	6b	·- \$	0.00
		c. Claims for death or personal injury while you were intoxicated	6c.	. \$	0.00
	60	l. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	0.00
	6e.	. Total . Add lines 6a through 6d.	6e.	\$	0.00
				Total cl	化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
Total claims from Part 2	6f.	Student loans	6f.	\$	0.00
nom ran 2		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	236,080.00
	6j. T	otal. Add lines 6f through 6i.	6j.	\$	236,080.00

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Document Page 54 of 75

Fill in this in	iformation to ide	ntify your case:	
Debtor	Tyra	Α.	Jakcson
Danie)	First Name	Middle Name	Last Name
Debtor 2			
(Spouse If filing)	First Name	Middle Name	Last Name
United States	Bankruptcy Court for	r the: District	of
Case number (if known)			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company w	ith whom you	have the contract or lease	State what the contract or lease is for
2.1	Steve B	rown			Residential Lease
		outh Scho	ool Street		Management of the Control of the Con
	Number Riverda	Street le,	14.	60827	
2.2	City	ang panggang di salah	State	ZIP Code Supply Valuable Properties for the Content of the Conten	的原格性 ADD 原始的 ADD ADD ADD ADD ADD ADD ADD ADD ADD AD
£.£.	Name	······································			
	Number	Street			
2.3	City	end is an increase a new rings of the little field is produced.	State	ZIP Code	
	Name				Additional to the second
	Number	Street			
Ne, a marifi	City	nation of anti-environment policies devices	State	ZIP Code	
2.4	Name				
	Number	Street			
i i interes	City	NEW YORK GOVERNMENT BREETING CERTIFY	State	ZIP Code	
2.5	Name		<u> </u>		
	Number	Street			
1	City		State	ZIP Code	

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Document Page 55 of 75

Fill in this in	formation to ide	ntify your case:	
Debtor 1	Tyra	A.	Jackson
· · · · · · · · ·	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court fo	r the: Northern District of Illino	ois T
Case number (If known)			- AND

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

oes n the last 8 years, have you lived in a community pro na, California, Idaho, Louisiana, Nevada, New Mexico, F o. Go to line 3. es. Did your spouse, former spouse, or legal equivalent No Yes. In which community state or territory did you live	live with you at the time?
n the last 8 years, have you lived in a community pro na, California, Idaho, Louisiana, Nevada, New Mexico, F o. Go to line 3. es. Did your spouse, former spouse, or legal equivalent INo	Puerto Rico, Texas, Washington, and Wisconsin.) live with you at the time?
na, California, Idaho, Louisiana, Nevada, New Mexico, F o. Go to line 3. es. Did your spouse, former spouse, or legal equivalent I No	Puerto Rico, Texas, Washington, and Wisconsin.) live with you at the time?
es. Did your spouse, former spouse, or legal equivalent	
) No	
- · · · -	
Yes. In which community state or territory did you live	
	? Fill in the name and current address of that person.
Name of your spouse, former spouse, or legal equivalent	
Number Street	
City State	ZIP Code
I was 4 list all after a salahtana. Da nat ingluda yay	are another as a condeptor if your species filling with you. List the person
ımın 1: Your codebtor	Column 2: The creditor to whom you owe the deb
	Schedule D, line
ne	☐ Schedule E/F, line
nber Street	Schedule G, line
State	ZIP Code
	Schedule D, line
ne	☐ Schedule E/F, line
nber Street	☐ Schedule G, line
State	ŽIP Code
	Schedule D, line
	- CONCRETE THE
ne	
ne nber Street	Schedule E/F, line
	Number Street City State umn 1, list all of your codebtors. Do not include you n in line 2 again as a codebtor only if that person is dule D (Official Form 106D), Schedule E/F (Official Fodule E/F, or Schedule G to fill out Column 2. mn 1: Your codebtor Street State

F	ill in this in	formation to id	entify y	our case:							
D	ebtor 1	Tyra	A.	Jack	son						
Р	ebtor 2	First Name		Middle Name	L	ast Name					
	Spouse, if filing)	First Name		Middle Name	Ę	asl Name	-				
U	Inited States I	Bankruptcy Court f	or the: N	orthern District of	Illinois						
	ase number	***************************************							Check if t		
		******************************		······································						nended filing	
										plement showing postpetition e as of the following date:	1 chapter 13
0	fficial Fo	rm 106l							MM / E	DD / YYYY	
S	ched	ule I: \	lou	r Incon	ne						12/15
su If y se	pplying cor ou are sep parate shee	rect informatio arated and you	n. If you r spous On the t	u are married an se is not filing w top of any additi	id not filin ith you, do	g jointly, and yo not include it	our sp	ouse is	living with your spo	or 2), both are equally respon you, include information abou ouse. If more space is needed, known). Answer every questic	it your spouse. , attach a
1.	Fill in your	employment				Debtor 1				Debtor 2 or non-filing sp	ouse
	If you have attach a se	more than one parate page wit about additional	h	Employment st	atus	☐ Employed			Portuguico y proporto y presidente de constitución de constitución de constitución de constitución de constitu	Employed Not employed	ear grant from the galactic grant gr
	Include pa	rt-time, seasona yed work.	l, or								
		n may include st aker, if it applies		Occupation							
				Employer's nan	ne					40,44(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(
				Employer's add	ress						
						Number Stree	it			Number Street	
									AANAA WAXAA AANAA AA		
						City	Stat	te ZIP	Code	City State	ZIP Code
				How long emplo	oyed there	.?				· 	
	art 2:	Give Details /	About	Monthly Incom	ne						
		nonthly income		he date you file	this form.	If you have not	thing to	report fo	or any line, w	rite \$0 in the space. Include you	ır non-filing
	If you or yo	our non-filing spo	use hav	e more than one			formati	on for all	employers f	for that person on the lines	
								For	Debtor 1	For Debtor 2 or non-filing spouse	
2	. List mont deduction	t hly gross wag es). If not paid m	es, sala onthly, c	ry, and commiss alculate what the	sions (before monthly v	ore all payroll vage would be.	2.	\$	0.00	\$	
3	. Estimate	and list month	y overt	ime pay.			3.	+\$	0.00	+ \$	
4	. Calculate	gross income.	Add lin	e 2 + line 3.			4.	\$		\$	

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Page 57 of 75 Number (if known) Tyra First Name Debtor 1 Middle Name

			Fo	r Debtor 1	For Debtor 2 or non-filing spouse		
C	Copy line 4 here	4.	\$_	0.00	\$		
5 I	ist all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$		
	5b. Mandatory contributions for retirement plans	5b.	\$	0.00	\$		ļ
	5c. Voluntary contributions for retirement plans	5c.	\$- \$	0.00	\$		
	5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$:
	5e. Insurance	5e.	\$	0.00	\$		
	5f. Domestic support obligations	5f.	\$	0.00	\$		
	.,		\$	0.00	\$		
	5g. Union dues	5g. 5h.		0.00			
	5h. Other deductions. Specify: n/a		+ \$_		+ \$		
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$_	0.00	\$		
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$		
8.	List all other income regularly received:						:
	8a. Net income from rental property and from operating a business, profession, or farm						
	Attach a statement for each property and business showing gross						
	receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_	0.00	\$		
	8b. Interest and dividends	8b.	\$_	0.00	\$		
	8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	ent					
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	\$		
	8d. Unemployment compensation	8d.	\$_	0.00	\$		
	8e. Social Security	8e.	\$_	0.00	\$		
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistanthat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: n/a	nce 8f.	\$_	0.00	\$		
	8g. Pension or retirement income	8g.	\$	0.00	\$		
	8h. Other monthly income. Specify: Disability	8h.	+ \$	1,500.00	+\$		
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	1,500.00	\$		
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10.	\$_	1,500.00	\$	= [\$_	1,500.00
	State all other regular contributions to the expenses that you list in Schellinclude contributions from an unmarried partner, members of your household, friends or relatives.	your c	leper				
	Do not include any amounts already included in lines 2-10 or amounts that are Specify: n/a	not a	vailat	ole to pay expens	ses listed in <i>Schedule J.</i> 11. •	⊦ \$_	0.00
	Add the amount in the last column of line 10 to the amount in line 11. The	e resul	lt is th	ne combined mor	nthly income.	Γ	4 500 00
12.	Write that amount on the Summary of Your Assets and Liabilities and Certain	Statist	tical li	nformation, if it a	pplies 12.		1,500.00 mbined onthly income
13	Do you expect an increase or decrease within the year after you file this No.	form	?				
	Yes. Explain:						

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Page 58 of 75 Document Fill in this information to identify your case: Tyra Jackson Debtor 1 Check if this is: last Name Debtor 2 An amended filing (Spouse, if filing) First Name Middle Name Last Name A supplement showing postpetition chapter 13 Y United States Bankruptcy Court for the: Northern District of Illinois expenses as of the following date: Case number MM / DD / YYYY (If known) Official Form 106J Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Your Household** 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? Dependent's relationship to Dependent's Does dependent live Do not list Debtor 1 and Yes. Fill out this information for Debtor 1 or Debtor 2 age with you? Debtor 2. each dependent..... □ No Do not state the dependents' Boy 19 names. ☑ Yes ☐ No Girl <u>1</u>5 Yes ☐ No Boy Yes ☐ No V Yes ☐ No ☐ Yes Do your expenses include **2** No expenses of people other than Yes yourself and your dependents? Part 2: **Estimate Your Ongoing Monthly Expenses** Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) Your expenses 4. The rental or home ownership expenses for your residence. Include first mortgage payments and 800.00 any rent for the ground or lot. 4 If not included in line 4: Real estate taxes 0.00 4a. Property, homeowner's, or renter's insurance 0.00 4b. Home maintenance, repair, and upkeep expenses 0.00 4c Homeowner's association or condominium dues 0.00

4d.

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Document Page 59 of 75

Debtor 1

Tyra A. Jackson
First Name Middle Name Last Name

Case number (if known)

5. Additional mortgage payments for your residence, such as home equity loans 5 0.00 6. Utilities: a 5 425.00 6. Wilder, sewer, garbage collection 6a 5 125.00 6. Telephrone, cell phone, internet, satellite, and cable services 6a 5 90.00 6. Other, Specify, In/B 7 5 600.00 7. Food and housekeeping supplies 7 5 600.00 8. Childcare and children's education costs 8 5 0.00 9. Clothing, laundry, and dry cleaning 10 5 0.00 10. Personal care products and services 10 5 0.00 11. Medical and dental expenses 11 5 0.00 12. Transportation, includes gas, maintenance, bus or tran fare. 12 5 60.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13 5 0.00 15. Insurance. 12 5 0.00 15. Insurance. 15 5 0.00 15. Utilitie insurance 15 5 0.00 15. Utilitie insurance 15 5 0.00 15. Utilitie insurance 15 5 0.00 15. Utilitie i	į			Your exp	enses
		Additional mortgage payments for your residence, such as home equity loans	5	\$	0.00
6.6. Water, sawar, garbage collection 6.6. \$ \$ \$ \$ \$ \$ \$ \$ \$: 6		O.		
6.6. Water, sawar, garbage collection 6.6. \$ \$ \$ \$ \$ \$ \$ \$ \$:	6a. Electricity, heat, natural gas	0-	.	125.00
Case Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 9,0,00		-		Ф	
6d Chier Specify In 2	:			Φ	
7. Food and housekeeping supplies 7. S. 600.00 8. Childicare and children's education costs 8. S. 0.00 9. Clothing, laundry, and dry cleaning 9. S. 75.00 10. Personal care products and services 10. S. 0.00 11. Medical and dental expenses 11. S. 0.00 12. Transportation, Include gas, maintenance, bus or train fare. 12. S. 60.00 Do not include car payments. 12. S. 0.00 14. Charitable contributions and religious donations 13. S. 0.00 15. Insurance. 15. Life insurance deducted from your pay or included in lines 4 or 20. 15. Life insurance deducted from your pay or included in lines 4 or 20. 15. S. 15. Life insurance 15. S. 0.00 15. Vehicle insurance 15. S. 0.00 15. O.00 15. Vehicle insurance 15. S. 0.00 15. O.00 15. Vehicle insurance 15. S. 0.00 15. O.00 15. Car payments for Vehicle 2 15. O.00 15. O.00 15. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify. IV.A 16. S. 0.00 17. Installment or lease payments: 17. O. 0.00 17. O. 0.00 17. Car payments for Vehicle 1 17. O. 0.00 17. O.00		6d Other Specific D/2		Ψ Φ	
8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 75.00 10. Personal care products and services 10. \$ 0.00 11. Medical and dental expenses 10. \$ 0.00 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$ 60.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 14. \$ 200.00 15. Insurance. 15a. Life insurance deducted from your pay or included in fines 4 or 20. 15a. Life insurance 15a. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance. 15c. Vehicle insurance. 15d. Other insurance. Specify: In/A 15c. \$ 0.00 15c. Vehicle insurance 15c. \$ 0.00 15d. Other insurance. Specify: In/A 15c. \$ 0.00 15c. Vehicle insurance 15c. \$ 0.00 15c. Car payments for Vehicle 1 17c. \$ 0.00 17c. Car payments for Vehicle 2	: 7			\$\$	
10 Personal care products and services 10 10 11 10 11 10 11 10 11 1	8	Childcare and children's education costs		\$	//////////////////////////////////////
10. Personal care products and services 10. \$ 0.000 11. Medical and dental expenses 11. \$ 0.000 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 0.000 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.000 14. Charitable contributions and religious donations 14. \$ 0.000 15. Insurance. 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15. Life insurance 15a. \$ 0.000 15. Vehicle insurance 15a. \$ 0.000 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15. Payments for Vehicle 1	9	Clothing, laundry, and dry cleaning		φ	
1.1. Medical and dental expenses 11. \$ 0.000 1.2. Transportation, Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 0.000 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.000 14. Charitable contributions and religious donations 14. \$ 0.000 15. Insurance. 5 0.000 15. Life insurance deducted from your pay or included in lines 4 or 20. 15a. \$ 0.000 15b. Health insurance 15b. \$ 0.000 15c. Vehicle insurance 15c. \$ 0.000 15c. Vehicle insurance 15d. \$ 0.000 15c. Vehicle insurance. Specify: In/a 15d. \$ 0.000 15c. Vehicle insurance. Specify: In/a 16 \$ 0.000 15c. Vehicle insurance. Specify: In/a 17a. \$ 0.000 15c. Vehicle insurance. Specify: In/a 17a. \$ 0.000 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 17b. \$ 0.000 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 16. \$ 0.000 15c. Taxes. Do not include taxes deducted from your payments. 17a. \$ 0.000 15c. Taxes. Do not include taxes deducted from your payments. 17a. \$ 0.000 15c. Taxes. Do not include insurance. 17c	10.	Personal care products and services			
1.2 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12 \$ 60,000 1.3 Entertainment, clubs, recreation, newspapers, magazines, and books 13 \$ 200,000 1.4 Charitable contributions and religious donations 14 \$ 200,000 1.5. Insurance. 15m. Charitable insurance deducted from your pay or included in lines 4 or 20. 15m. Charitable contributions and religious donations 15m. Charitable contributions and religious donations 15m. Charitable contributions and religious donations 15m. Charitable contributions 15m. Charitable contributions 200,000	11.	Medical and dental expenses		φ	
12 \$ 60.00	12.	Transportation. Include gas, maintenance, bus or train fare.	112	Ψ	0.00
14. S 200.00		Do not include car payments.	12.	\$	60.00
15. Insurance	13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance	.14.	Charitable contributions and religious donations	14.	\$	200.00
15b. Health insurance	. 15.				
15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance 15c. \$ 0.00 15d. Other insurance. Specify: n/a 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. \$ 0.00 Specify: n/a 16. \$ 0.00 17. Installment or lease payments: 17a. \$ 0.00 17b. Car payments for Vehicle 1 17a. \$ 0.00 17c. Other. Specify: n/a 17c. \$ 0.00 17d. Other. Specify: n/a 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify: n/a 19. \$ 0.00 20. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20d. \$ 0.00		15a. Life insurance	150	¢	0.00
15c. Vehicle insurance 15c. \$ 0.00 16d. Other insurance. Specify: n/a 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: n/a 16. \$ 0.00 17. Installment or lease payments: 17a. \$ 0.00 17b. Car payments for Vehicle 1 17a. \$ 0.00 17c. Other. Specify: n/a 17c. \$ 0.00 17d. Other. Specify: n/a 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify: n/a 19. \$ 0.00 20. Mortgages on other property 20a. \$ 0.00 20. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20c. \$ 0.00	:	15b. Health insurance		¢	
15d. Other insurance. Specify: N/A 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: N/A 16. \$ 0.00 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: N/A 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify: N/A 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues		15c. Vehicle insurance		\$	
Specify: n/a 16. \$ 0.00	:	15d. Other insurance. Specify: n/a		\$	
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: n/a 17c. Other. Specify: n/a 17d. Other. Specify: n/a 17d. Other. Specify: n/a 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify: n/a 19. \$ 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20c. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues	16.	Specific N/A	16.	\$	0.00
17b. Car payments for Vehicle 2 17c. Other, Specify: n/a 17c. Other, Specify: n/a 17d. Other, Specify: n/a 17d. Other, Specify: n/a 17d. Other, Specify: n/a 17d. Specify: n/a 17d. Specify: n/a 18. Specify: n/a 19. Specify: n/a 19. Specify: n/a 20. Other payments you make to support others who do not live with you. Specify: n/a 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Specify: n/a 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20d. Mortgages on or condominium dues	17.	Installment or lease payments:			
17b. Car payments for Vehicle 2 17c. Other, Specify: n/a 17c. Other, Specify: n/a 17d. Other, Specify: n/a 17d. Other, Specify: n/a 17d. Other, Specify: n/a 17d. S 17d		17a. Car payments for Vehicle 1	17a.	\$	0.00
17c. Other. Specify: n/a 17d. Other. Specify: n/a 17d. Other. Specify: n/a 17d. Other. Specify: n/a 17d. Specify: n/a 18d. Specify: n/a 18d. Specify: n/a 19d. Specify: n/a 20d. Mortgages on other property 20d. Specify: n/a 20d. Real estate taxes 20d. Specify: n/a 20d. Maintenance, repair, and upkeep expenses		17b. Car payments for Vehicle 2		\$	0.00
17d. Other. Specify: n/a 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify: n/a 19. \$ 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues		17c. Other. Specify: n/a		\$	2.22
Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify: n/a 19. \$ 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues		474 Other Caraltunia			0.00
19. Other payments you make to support others who do not live with you. Specify: n/a 19. \$ 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues	18.	Your payments of alimony, maintenance, and support that you did not report as deducted from			
Specify: n/a 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues	19.	Other payments you make to support others who do not live with you		Φ	0.00
20a. Mortgages on other property 20a. Real estate taxes 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues		•	10	¢	0.00
20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues	20.			Ψ	0.00
20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, association or condominium dues				\$	0.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues		20b. Real estate taxes		***************************************	
20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues		20c. Property, homeowner's, or renter's insurance			5.00
20e. Homeowner's association or condominium dues				_	0.00
		20e. Homeowner's association or condominium dues		\$	

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Document Page 60 of 75 Debtor 1 Jackson Case number (if know First Name Middle Name 21. Other. Specify: n/a 0.00 22. Calculate your monthly expenses. 22a. Add lines 4 through 21. 1,500.00 22a. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. 0.00 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. 1,500.00 23. Calculate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. 1,500.00 23a. 23b. Copy your monthly expenses from line 22c above. 23b. 2,375.00 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 875.00 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? M No. Yes. Explain here:

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Document Page 61 of 75

Debtor 1	Tyra	A.	Jacksor)
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse, if filing)	First Name	Middle Name	Last Name	
Inited States E	Bankruptcy Court fo	r the: Northern District of Illinois		Y

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below			
Did you pay or agree to pay	someone who is NOT an attorr	ney to help you fill out bankruptcy forms?	
☑ No ☑ Yes. Name of person	Veronica Eason	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).	
Under penalty of perjury, I de that they are true and correct	clare that I have read the sumi	mary and schedules filed with this declaration and	
Signature of Debter 1	Mor * sig	nature of Debtor 2	
Date 3 81 10	Dat	e	

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Document Page 62 of 75 Fill in this information to identify your case: Jackson Debtor 1 Middle Na Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name v United States Bankruptcy Court for the: Northern District of Illinois Case number ☐ Check if this is an (If known) amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Give Details About Your Marital Status and Where You Lived Before Part 1: 1. What is your current marital status? ☐ Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? Yes. List all of the places you lived in the last 3 years. Do not include where you live now. **Dates Debtor 2** Dates Debtor 1 Debtor 1: lived there lived there ☐ Same as Debtor 1 Same as Debtor 1 24 East 138th From From Number Street Street Number Tο Riverdale IL 60827 State ZIP Code State ZIP Code City City Same as Debtor 1 Same as Debtor 1 From From Number Street To State ZIP Code ZIP Code City 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) ☑ No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Document Page 63 of 75

	Name		mber (if known)	
Did you have any income from employmen fill in the total amount of income you received fyou are filling a joint case and you have inco	i from all jobs and all bus	inesses, including part-tir	ne activities.	endar years?
☑ No ☑ Yes. Fill in the details.				
- Foot Fill and Goldaler	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$4,500.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
For last calendar year: (January 1 to December 31,2013	Wages, commissions, bonuses, tips Operating a business	\$12,000.00	Wages, commissions, bonuses, tips Operating a business	\$
For the calendar year before that:	☑ Wages, commissions,		☐ Wages, commissions,	
(January 1 to December 31,2014	bonuses, tips Operating a business	\$ 28,000.00	bonuses, tips Operating a business	\$
nclude income regardless of whether that inc inemployment, and other public benefit paym	ome is taxable. Examples ents; pensions; rental inc	s of other income are alin ome; interest; dividends;	money collected from law	suits; royalties; and
Did you receive any other income during the notice income regardless of whether that income properties and other public benefit payment, and other public benefit paymenthing and lottery winnings. If you are filing list each source and the gross income from each source.	ome is taxable. Examples ents; pensions; rental ind a joint case and you hav	s of other income are alin ome; interest; dividends; e income that you receive	money collected from law ed together, list it only onc	suits; royalties; and
nclude income regardless of whether that inc inemployment, and other public benefit paym iambling and lottery winnings. If you are filing ist each source and the gross income from e	ome is taxable. Examples ents; pensions; rental ind a joint case and you hav	s of other income are alin ome; interest; dividends; e income that you receive	money collected from law ed together, list it only onc	suits; royalties; and
nclude income regardless of whether that inc nemployment, and other public benefit paym ambling and lottery winnings. If you are filing list each source and the gross income from e	ome is taxable. Examples tents; pensions; rental indicate a joint case and you have ach source separately. D	Gross Income from each source (before deductions and exclusions)	money collected from law ed together, list it only onc t you listed in line 4.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and exclusions)
iclude income regardless of whether that inconemployment, and other public benefit paymambling and lottery winnings. If you are filing list each source and the gross income from each source.	come is taxable. Examples tents; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of Income Describe below.	Gross Income from each source (before deductions and exclusions)	money collected from law ed together, list it only onc t you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and exclusions)
clude income regardless of whether that inchemployment, and other public benefit paymambling and lottery winnings. If you are filing at each source and the gross income from ell No Yes. Fill in the details. From January 1 of current year until	pome is taxable. Examples tents; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of Income Describe below.	Gross Income from each source (before deductions)	money collected from law ed together, list it only onc t you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions an- exclusions)
iclude income regardless of whether that incomemployment, and other public benefit paymambling and lottery winnings. If you are filing ist each source and the gross income from each source and the gross income from each source. In the details. From January 1 of current year until	pome is taxable. Examples tents; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of Income Describe below.	Gross Income from each source (before deductions)	money collected from law ed together, list it only onc t you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and exclusions)
nclude income regardless of whether that incomemployment, and other public benefit paym ambling and lottery winnings. If you are filing ist each source and the gross income from each No. Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy:	pome is taxable. Examples tents; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of Income Describe below.	Gross Income from each source (before deductions)	money collected from law ed together, list it only onc t you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and exclusions)
relude income regardless of whether that incomemployment, and other public benefit paym ambling and lottery winnings. If you are filing list each source and the gross income from each source and the gross income from each of Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2013	pome is taxable. Examples tents; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of Income Describe below.	Gross Income from each source (before deductions)	money collected from law ed together, list it only onc t you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and exclusions)

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Document Page 64 of 75

Debtor 1

		Documen
Tyra	A.	Jackson
Cinnt & towns	KILL IN PL	

Case number (if known)_____

	List Certain Payments You Made Bef						
Ara nist	ner Debtor 1's or Debtor 2's debts primarily		-2				
☐ No.	Neither Debtor 1 nor Debtor 2 has primari "incurred by an individual primarily for a pers	l y consumer de l onal, family, or h	bts. Consum ousehold pur	<i>er debts</i> are pose."	defined in 11	U.S.C. § 101(8) as
	During the 90 days before you filed for bankr	uptcy, did you pa	y any credito	r a total of \$6	5,225* or moi	e?	
	No. Go to line 7.						
	Yes. List below each creditor to whom yo total amount you paid that creditor. I child support and alimony. Also, do	Do not include pa	syments for d	omestic supp	ort obligation	ns, such as	
	* Subject to adjustment on 4/01/16 and every	· -		-			
121 v	. Debtor 1 or Debtor 2 or both have primaril					•	
Tes				+ 4-4-1 - F CC	200		
	During the 90 days before you filed for bankr	uptcy, did you pa	y any credito	r a total of \$6	OU or more?		
	☑ No. Go to line 7.						
	Yes. List below each creditor to whom yo creditor. Do not include payments to alimony. Also, do not include payme	r domestic suppo	ort obligations	s, such as ch	ild support ar	paid that nd	
		Dates of payment	Total amou	nt paid	Amount you	ı stili owe	Was this payment for.,
			\$	0.00	\$	0.00	☐ Mortgage
	Creditor's Name						☐ Car
							Credit card
	Number Street						Cieda Card
		Herealth Manager Land					Loan repayment
		NATIONAL PROPERTY AND ADMINISTRATION OF THE PROPERT					Loan repayment Suppliers or vendors
	City State ZIP Code	satisfies declarate and an artistic and an artistic and an artistic and an artistic and artistic					Loan repayment
	City State ZIP Code	••••••	e	0.00	a	0.00	Loan repayment Suppliers or vendors Other
	City State ZIP Code Creditor's Name		\$	0.00	\$	0.00	Loan repayment Suppliers or vendors Other Mortgage
			\$	0.00	\$	0.00	Loan repayment Suppliers or vendors Other Mortgage Car
			\$	0.00	\$	0.00	Loan repayment Suppliers or vendors Other Mortgage
	Creditor's Name		\$	0.00	\$	0.00	Loan repayment Suppliers or vendors Other Mortgage Car
	Creditor's Name		\$	0.00	\$	0.00	Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment
	Creditor's Name Number Street		\$	0.00	\$	0.00	Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendors
	Creditor's Name		\$	0.00	\$	0.00	Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendors
	Creditor's Name Number Street		\$	0.00	\$	0.00	Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendors
	Creditor's Name Number Street City State ZIP Code		\$	0.00		0.00	Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendors
	Creditor's Name Number Street						Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other
	Creditor's Name Number Street City State ZIP Code Creditor's Name						Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other Mortgage
	Creditor's Name Number Street City State ZIP Code						Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other Mortgage Car Credit card Credit card
	Creditor's Name Number Street City State ZIP Code Creditor's Name						Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment Cother Loan repayment Loan repayment Loan repayment
	Creditor's Name Number Street City State ZIP Code Creditor's Name						Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other Mortgage Car Credit card

Page 65 of 75 Document Tyra Jackson Debtor 1 Case number (if known First Name Middle Nam 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. ☑ No. Yes. List all payments to an insider. Dates of Total amount Amount you still Reason for this payment payment paid 0.00 \$ 0.00 Insider's Name Number Street City ZIP Code 0.00 \$ 0.00 Insider's Name Number Street State ZIP Code 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited Include payments on debts guaranteed or cosigned by an insider. M No Yes. List all payments that benefited an insider. Dates of **Total amount** Amount you still Reason for this payment payment Include creditor's name 0.00 0.00 Insider's Name Number Street State ZIP Code 0.00 \$ 0.00 Insider's Name Number Street

State

ZIP Code

Case 16-11189

Doc 1

Filed 03/31/16

Entered 03/31/16 16:11:15

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Document Page 66 of 75

Debtor 1

		Document	rage oo or 75
Tyra	Α.	Jackson	
First Name	Middle Name	Last Name	Case number (if known)

st all such matters, including personand contract disputes.	al injury cases, small claims a	in any lawsuit, court action ctions, divorces, collection s	n, or administrative proceedin suits, paternity actions, support o	g? or custody modific
No				
Yes. Fill in the details.				
	Nature of the case	Court or age	nney	Status of the cas
Case title		Court Name		Pending
				On appeal
		Number Street		Concluded
Case number		City	State ZIP Code	
		<u> </u>	***************************************	
Case title		Court Name		Pending
		Courtivante		On appeal
		Number Street		Concluded
Case number		City	State ZIP Gode	
		Vity	State ZIP Code	
No. Go to line 11. Yes. Fill in the information below.	s below.			eized, or levied?
	Describe the	property		
	(Marchantelestry	property		alue of the property
Yes. Fill in the information below.	(Marchantelestry		Date Va	alue of the property
Yes. Fill in the information below. Creditor's Name	Describe the	happened	Date Va	alue of the property
Yes. Fill in the information below. Creditor's Name	Describe the Explain what		Date Va	alue of the property
Yes. Fill in the information below. Creditor's Name Number Street	Explain what Property Property Property	happened y was repossessed. y was foreclosed. y was garnished.	\$	alue of the property
Yes. Fill in the information below. Creditor's Name Number Street	Explain what Property Property Property Property	happened y was repossessed. y was foreclosed. y was garnished. y was attached, seized, or le	\$	alue of the property
Yes. Fill in the information below. Creditor's Name Number Street	Explain what Property Property Property	happened y was repossessed. y was foreclosed. y was garnished. y was attached, seized, or le	Date V.	alue of the property
Yes. Fill in the information below. Creditor's Name Number Street	Explain what Property Property Property Property	happened y was repossessed. y was foreclosed. y was garnished. y was attached, seized, or le	Date V.	0.00
Yes. Fill in the information below. Creditor's Name Number Street	Explain what Property Property Property Property	happened y was repossessed. y was foreclosed. y was garnished. y was attached, seized, or le	Date V.	alue of the property
Yes. Fill in the information below. Creditor's Name Number Street City State Creditor's Name	Explain what Property Property Property Property	happened y was repossessed. y was foreclosed. y was garnished. y was attached, seized, or le	Date V.	0.00
Yes. Fill in the information below. Creditor's Name Number Street City State	Explain what Property Property Property Property	happened y was repossessed. y was foreclosed. y was garnished. y was attached, seized, or le	Date V.	0.00
Yes. Fill in the information below. Creditor's Name Number Street City State Creditor's Name	Describe the Explain what Property Property Property Property Explain what i	happened y was repossessed. y was foreclosed. y was garnished. y was attached, seized, or le property	Date V.	0.00
Yes. Fill in the information below. Creditor's Name Number Street City State Creditor's Name	Explain what Property Property Property Describe the l	happened y was repossessed. y was foreclosed. y was garnished. y was attached, seized, or le property happened was repossessed.	Date V.	0.00
Creditor's Name Number Street City State Creditor's Name	Explain what Property	happened y was repossessed. y was foreclosed. y was garnished. y was attached, seized, or le property	Date V.	0.00

Case number (if know Middle Name 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? ☑ No Yes. Fill in the details. Describe the action the creditor took Date action Amount was taken Creditor's Name 0.00 Number Street City State ZIP Code Last 4 digits of account number: XXXX-12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ☐ No Yes Part 5: **List Certain Gifts and Contributions** 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts 0.00 Person to Whom You Gave the Gift 0.00 Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 Describe the gifts Dates you gave per person Value the gifts Person to Whom You Gave the Gift 0.00 0.00 Number Street City ZIP Code Person's relationship to you

Filed 03/31/16

Document

Entered 03/31/16 16:11:15

Page 67 of 75

Desc Main

Doc 1

Jackson

Case 16-11189

Tyra

Debtor 1

Page 68 of 75 Document Tyra A. Debtor 1 Jackson Case number (if known) First Name Middle Name Last Name 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ☑ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities Describe what you contributed Date you Value that total more than \$600 contributed 0.00 Charity's Name 0.00 Number Street City State ZIP Code Part 6: **List Certain Losses** 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? ☑ No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B; Property. 0.00 Part 7: **List Certain Payments or Transfers** 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment 001Debtorcc Inc transfer was Person Who Was Paid made Credit Counseling 372 Summit Avenue Number Street 03/21/2016 14.95 Jersey City NJ 07306 City State ZIP Code Email or website address Person Who Made the Payment, if Not You

Case 16-11189

Doc 1

Filed 03/31/16

Entered 03/31/16 16:11:15

Desc Main

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Document Page 69 of 75

_	Document Page	69 of 75		
	Jackson ast Name	Case number (if ki	lown}	
	SOLTANDO			***************************************
ge gyng ching had den was an an an an an an ang gap de la mara an				and the state of t
	Description and value of any prop	erty transferred	Date payment or transfer was made	Amount of
Midwest Consultants Group Person Who Was Paid			amiliate, was illade	payment
9212 South Stony Islands	Preparation Of Bankruptcy	Document	03/21/2016	. 400
Number Street	_		03/2 1/2016	\$100.
				rh.
			:	\$
Chicago IL. 60617 City State ZIP Code	_		\$ *	
State 2:F Code				
Email	www.		i : k	
Email or website address	:			
Person Who Made the Payment, if Not You				
	<u></u>			
/ithin 1 year before you filed for bankrup romised to help you deal with your credi	otcy, did you or anyone else acting	on your hehalf nay or	transfer any war a dead of	
, , = = your o, ou	nvia vi to illake bavillenis to volir	creditors?	dansier any property to	anyone who
o not include any payment or transfer that y	you listed on line 16.			
¥ No				
Yes. Fill in the details.				
→ res. Fill in the details.	NASA WADAR BARBARA BARBARA A GARA	and the same of the same		
	Description and value of any prope	ty transferred	Date payment or	Amount of payme
Person Who Was Paid			transfer was made	
reison vvno vvas Paid		ere menere e e e mer permenen en	i Ministration in the state of the	er in Europa a verse e meridistrate in
Number Street	- !			0.0
				,
	•		. 9	0.0
City State ZIP Code				<u></u>
thin 2 years before you filed for beat				
ithin 2 years before you filed for bankrup ansferred in the ordinary course of your l	otcy, did you sell, trade, or otherwis	se transfer any proper	y to anyone, other than	property
clude both outright transfers and transfers no not include gifts and transfers that you have	nade as security (such as the granting	a af a consultative and t		
o	ve already listed on this statement.	g or a security interest o	r mortgage on your prope	erty).
No				
Yes. Fill in the details.				
	Description and value of property	die kanan Germanan		: COMPANDAMENTA
	transferred	or debts paid in exc	ty or payments received hange	Date transfer was made
Person Who Received Transfer				. was made
Number Street	•			
City State ZIP Code		*		
Person's relationship to you		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
and the second s				
Person Who Received Transfer				
		į		

Number Street

Person's relationship to you ___

ZIP Code

Tyra Debtor 1 Jackson Case number (if know Middle Name 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. ₩ No Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before instrument closed, sold, moved, closing or transfer or transferred Name of Financial Institution XXXX-☐ Checking 0.00 Number Street Savings Money market ☐ Brokerage City State ZIP Code Other_ XXXX-☐ Checking Name of Financial Institution 0.00 ☐ Savings Number Street ☐ Money market ☐ Brokerage Other City State ZIP Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? M No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? □ No Name of Financial Institution Name T Yes Number Street Number Street City ZIP Code City State ZIP Code

Case 16-11189

Doc 1

Filed 03/31/16

Document

Entered 03/31/16 16:11:15 Desc Main

Page 70 of 75

Debtor 1 Jackson 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? M No Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? ☐ No Name of Storage Facility ☐ Yes Number Street Number Street City State ZIP Code City State ZIP Code Part 9: **Identify Property You Hold or Control for Someone Else** 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Y No Yes. Fill in the details. Where is the property? Describe the property Value Owner's Name 0.00 Number Street Number Street City ZIP Code ZIP Code Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? **Ø** No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State ZIP Code City State ZIP Code

Entered 03/31/16 16:11:15

Page 71 of 75

Case 16-11189

Doc 1

Filed 03/31/16

Document

Case 16-11189 Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Desc Main Document Page 72 of 75

			Jackson	Coop number
	First Name	Middle Name	Last Name	Case number (if known)
		ny government	al unit of any release of ha	azardous material?
Ø				
L	Yes. Fill in the d	letails.	Politika i Marka ka k	
			Governmental unit	it Environmental law, if you know it Date of notice
	Name of site		Governmental unit	17000
	Number Street	- 1616		
			Number Street	
			City S	State ZIP Code
			-	State ZIP Code
	City	State ZIP	Code	
6. Have	you been a pan	ty in any judici	al or administrative proces	eding under any environmental law? Include settlements and orders.
Ø N	o			some and orders.
☐ Y	es. Fill in the de	etails.		
			Court or agency	Nature of the case Status of the
•				Nature of the case Status of the case case
C	ase title			
			Court Name	Pending
*****		· · · · · · · · · · · · · · · · · · ·	Number Street	On appeal
				Concluded
Ca	se number		City	State ZIP Code
				and the state of t
art 11:	Give Deta	ils About Yo	ur Business or Connec	tions to Any Business
art 11:	Give Deta	you filed for b	ur Business or Connec	tions to Any Business
art 11:	Give Deta 1 4 years before A sole proprie	you filed for b tor or self-emp	ur Business or Connect ankruptcy, did you own a l loyed in a trade, professio	business or have any of the following connections to any business?
art 11: . Within	Give Deta 4 years before A sole proprie A member of a	you filed for b tor or self-emp I limited liabilit	ur Business or Connect ankruptcy, did you own a l loyed in a trade, professio	tions to Any Business
art 11: . Within	Give Deta 4 years before A sole proprie A member of a A partner in a	you filed for b tor or self-emp I limited liabilit partnership	ur Business or Connect ankruptcy, did you own a l loyed in a trade, professio y company (LLC) or limited	business or have any of the following connections to any business? on, or other activity, either full-time or part-time d liability partnership (LLP)
art 11: . Within	Give Deta 4 years before A sole proprie A member of a A partner in a An officer, dire	you filed for b tor or self-emp I limited liabilit partnership ector, or manag	ur Business or Connect ankruptcy, did you own a l loyed in a trade, profession y company (LLC) or limited ging executive of a corpora	business or have any of the following connections to any business? on, or other activity, either full-time or part-time d liability partnership (LLP)
a rt 11: . Within	Give Deta 4 years before A sole proprie A member of a A partner in a An officer, dire An owner of at	you filed for b tor or self-emp I limited liabilit partnership ector, or manag I least 5% of the	ur Business or Connect ankruptcy, did you own a l loyed in a trade, profession y company (LLC) or limited ging executive of a corpora e voting or equity securities	business or have any of the following connections to any business? on, or other activity, either full-time or part-time d liability partnership (LLP)
art 11:	Give Deta 4 years before A sole proprie A member of a A partner in a An officer, dire An owner of at	you filed for b tor or self-emp I limited liability partnership ector, or manag I least 5% of the	ur Business or Connect ankruptcy, did you own a liloyed in a trade, profession y company (LLC) or limited ging executive of a corpora e voting or equity securities to to Part 12.	business or have any of the following connections to any business? on, or other activity, either full-time or part-time d liability partnership (LLP) ation es of a corporation
art 11: Within	Give Deta 4 years before A sole proprie A member of a A partner in a An officer, dire An owner of at	you filed for b tor or self-emp I limited liability partnership ector, or manag I least 5% of the	ur Business or Connect ankruptcy, did you own a l loyed in a trade, profession y company (LLC) or limited ging executive of a corpora e voting or equity securities to to Part 12.	business or have any of the following connections to any business? on, or other activity, either full-time or part-time d liability partnership (LLP) ation es of a corporation
Within	Give Deta 4 years before A sole proprie A member of a A partner in a An officer, dire An owner of at	you filed for b tor or self-emp I limited liability partnership ector, or manag I least 5% of the	ur Business or Connect ankruptcy, did you own a liloyed in a trade, profession y company (LLC) or limited ging executive of a corpora e voting or equity securities to to Part 12.	business or have any of the following connections to any business? on, or other activity, either full-time or part-time d liability partnership (LLP) ation es of a corporation of for each business. Employer Identification number
Within	Give Deta 4 years before A sole proprie A member of a A partner in a An officer, dire An owner of at None of the ab s. Check all that	you filed for b tor or self-emp I limited liability partnership ector, or manag I least 5% of the	ur Business or Connect ankruptcy, did you own a l loyed in a trade, profession y company (LLC) or limited ging executive of a corpora e voting or equity securities to to Part 12.	business or have any of the following connections to any business? on, or other activity, either full-time or part-time d liability partnership (LLP) ation es of a corporation of for each business. Employer Identification number Do not include Social Security number or ITIN.
Within . Within . Within	Give Deta 4 years before A sole proprie A member of a A partner in a An officer, dire An owner of at None of the ab s. Check all that	you filed for b tor or self-emp I limited liability partnership ector, or manag I least 5% of the	ur Business or Connect ankruptcy, did you own a l loyed in a trade, profession y company (LLC) or limited ging executive of a corpora e voting or equity securities to to Part 12.	business or have any of the following connections to any business? on, or other activity, either full-time or part-time d liability partnership (LLP) ation es of a corporation of for each business. Employer Identification number
Within	Give Deta 4 years before A sole proprie A member of a A partner in a An officer, dire An owner of at None of the ab Check all that	you filed for b tor or self-emp I limited liability partnership ector, or manag I least 5% of the	ur Business or Connect ankruptcy, did you own a l loyed in a trade, profession y company (LLC) or limited ging executive of a corpora e voting or equity securities to to Part 12.	business or have any of the following connections to any business? on, or other activity, either full-time or part-time d liability partnership (LLP) ation es of a corporation of for each business. Employer Identification number Do not include Social Security number or ITIN. EIN:
Within . Within . Within	Give Deta 4 years before A sole proprie A member of a A partner in a An officer, dire An owner of at None of the ab Check all that	you filed for b tor or self-emp I limited liability partnership ector, or manag I least 5% of the	ankruptcy, did you own a loyed in a trade, profession y company (LLC) or limited ging executive of a corporate voting or equity securities to to Part 12.	business or have any of the following connections to any business? on, or other activity, either full-time or part-time d liability partnership (LLP) ation es of a corporation of for each business. Employer Identification number Do not include Social Security number or ITIN. EIN: I or bookkeeper Dates business existed
. Within	Give Deta 4 years before A sole proprie A member of a A partner in a An officer, dire An owner of at None of the at Check all that	you filed for b tor or self-emp i limited liability partnership ector, or manag t least 5% of the pove applies. G t apply above a	ankruptcy, did you own a loyed in a trade, profession y company (LLC) or limited ging executive of a corporate voting or equity securities to to Part 12. Ind fill in the details below Describe the nature	business or have any of the following connections to any business? on, or other activity, either full-time or part-time d liability partnership (LLP) ation es of a corporation of for each business. Employer Identification number Do not include Social Security number or ITIN. EIN:
Art 11: Within	Give Deta 4 years before A sole proprie A member of a A partner in a An officer, dire An owner of at None of the ab Check all that	you filed for b tor or self-emp i limited liability partnership ector, or manag t least 5% of the pove applies. G t apply above a	ankruptcy, did you own a loyed in a trade, profession y company (LLC) or limited ging executive of a corporate voting or equity securities to to Part 12. Ind fill in the details below Describe the nature	business or have any of the following connections to any business? on, or other activity, either full-time or part-time d liability partnership (LLP) ation es of a corporation for each business. a of the business Employer Identification number Do not include Social Security number or ITIN. EIN: t or bookkeeper Dates business existed From To
Within Within No Yes	Give Deta 4 years before A sole proprie A member of a A partner in a An officer, dire An owner of at None of the at Check all that	you filed for b tor or self-emp i limited liability partnership ector, or manag t least 5% of the pove applies. G t apply above a	ankruptcy, did you own a loyed in a trade, profession y company (LLC) or limited ging executive of a corporate voting or equity securities to to Part 12. Ind fill in the details below Describe the nature	business or have any of the following connections to any business? on, or other activity, either full-time or part-time d liability partnership (LLP) ation es of a corporation of or each business Employer Identification number Do not include Social Security number or ITIN. EIN: t or bookkeeper Dates business existed From To of the business Employer Identification number
Within Within No Yes	Give Deta 4 years before A sole proprie A member of a A partner in a An officer, dire An owner of at None of the at Check all that usiness Name	you filed for b tor or self-emp i limited liability partnership ector, or manag t least 5% of the pove applies. G t apply above a	ankruptcy, did you own a loyed in a trade, profession y company (LLC) or limited ging executive of a corporate voting or equity securities to to Part 12. Ind fill in the details below Describe the nature	business or have any of the following connections to any business? on, or other activity, either full-time or part-time d liability partnership (LLP) ation es of a corporation of for each business Employer Identification number Do not include Social Security number or ITIN. EIN: I or bookkeeper Dates business existed From To of the business Employer Identification number Do not include Social Security number or ITIN.
Within O O Yes	Give Deta 4 years before A sole proprie A member of a A partner in a An officer, dire An owner of at None of the at Check all that usiness Name	you filed for b tor or self-emp i limited liability partnership ector, or manag t least 5% of the pove applies. G t apply above a	ankruptcy, did you own a loyed in a trade, profession y company (LLC) or limited ging executive of a corporate voting or equity securities to to Part 12. Ind fill in the details below Describe the nature	business or have any of the following connections to any business? on, or other activity, either full-time or part-time d liability partnership (LLP) ation es of a corporation of or each business Employer Identification number Do not include Social Security number or ITIN. EIN: From To of the business Employer Identification number Do not include Social Security number or ITIN. EIN: Employer Identification number Do not include Social Security number or ITIN.

City

ZIP Code

State

From

To

Filed 03/31/16 Case 16-11189 Doc 1 Entered 03/31/16 16:11:15 Desc Main Page 73 of 75 Document Tyra A. Debtor 1 Jackson Case number (# known) First Name Middle Name Employer Identification number Describe the nature of the business Do not include Social Security number or ITIN. **Business Name** Number Street Name of accountant or bookkeeper Dates business existed From _____ To ___ City State ZIP Code 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Ø No ☐ Yes. Fill in the details below. Date issued Name MM / DD / YYYY Number Street City State Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Signature of Debtor 2 1-16 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? U No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ No Yes. Name of person_ Veronica Eason . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

_				
Tyra First Name	Α.	Jackson Middle Name	Läst Name	
First Name		Middle Name		······································
Bankruptcy Court	for the: No	orthern District of Illing		
		and the state of t		essonici.
	First Name	First Name	First Name Middle Nama First Name Middle Name	First Name Middle Name Last Name

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

 For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), information below. 						
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?				
Creditor's name: Western Heights Auto Credit Union	☐ Surrender the property.	□ No				
Description of	Retain the property and redeem it.	I Yes				
property securing debt:	Retain the property and enter into a Reaffirmation Agreement.					
	Retain the property and [explain]: Credit Union					
Creditor's name:	☐ Surrender the property.	☑ No				
Description of	Retain the property and redeem it.	☐ Yes				
property securing debt:	Retain the property and enter into a Reaffirmation Agreement.					
	Retain the property and [explain]:					
Creditor's	☐ Surrender the property.	No				
name:		Yes				
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	<u> </u>				
	Retain the property and [explain]:					
The distribution of the contract of the contra	☐ Surrender the property.	interes establishmen nemeroanninger annatiene, ar annaber spin "er en bissassine regen aanaansagaa				
name:		Yes				
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	1 105				
-	Retain the property and [explain]:					

Doc 1 Filed 03/31/16 Entered 03/31/16 16:11:15 Case 16-11189 Desc Main Page 75 of 75
Case number (If known)

Debtor 1

Jackso Pocument

Part 2: List Your	Unexpired	Personal	Property	Leases
-------------------	-----------	----------	----------	--------

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not a

essor's name: Steven Brown - Landlord	☐ No
Pescription of leased Residential Lease roperty:	☑ Yes
essor's name:	
escription of leased operty:	☐ Yes
essor's name:	₩ No
escription of leased operty:	☐ Yes
ssor's name:	No
scription of leased perty:	Yes
sor's name:	₩ No
scription of leased perty:	Yes
sor's name:	EV No.
cription of leased perty;	☐ Yes
sor's name:	THE NO
cription of leased perty:	☐ Yes
Sign Below	
r penalty of perjury, I declare that I have ind nal property that is subject to an unexpired	icated my intention about any property of my estate that secures a debt and any lease.
1. Ca helda	~ X
JAKA MACAN	\ \ \ \